01/29/04

----- MONTHLY AVERAGE -----

| New No. | Supplementary | Su ----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,606 ELIGIBLES #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 8,962 MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED 01/29/04 AID CODE 10

2,606 ELIGIBLES		NITS OF SERVICE OR DAYS OF CARE		AVERAGE COST UNI PER UNIT/DAY PE		COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	36	89 \$		\$ 19.31	.034 \$	47.74	
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.000	47.45	.02
EYE APPLIANCES	28	72	1,241.00	17.24	.028	44.32	.48
OTHER OPTOMETRIC SERVICES	10	16	430.13	26.88	.006	43.01	.17
@CHIROPRACTOR	±0			\$ 16.29	.003 \$	26.07	\$ .05
	0	8 \$ 0	.00	.00	.003 \$	.00	•
VISITS	U						.00
OTHER SERVICES	5 55	8	130.34	16.29	.003	26.07	.05
@PODIATRIST		68 \$		\$ 6.90	.026 \$	8.53	·
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	_ 0	0	.00	.00	.000	.00	.00
OTHER	55	68	469.28	6.90	.026	8.53	.18
@HOME HEALTH AGENCY	1	6 \$		\$ 69.84	.002 \$	419.06	\$ .16
NURSE ANESTHESIST	2	18 \$		\$ 3.10	.007 \$	27.92	\$ .02
NURSE MIDWIFE	0	0 \$		\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	2	3 \$	60.20	\$ 20.07	.001 \$	30.10	\$ .02
@TOTAL HOSPITAL	207	976 \$	57,745.44	\$ 59.17	.375 \$	278.96	\$ 22.16
HOSP INPATIENT TOTAL	41	125	44,335.56	354.68	.048	1081.36	17.01
HSC HOSPITALS	1	6	3,246.82	541.14	.002	3246.82	1.25
NON-HSC HOSPITAL TOTAL	2	5	15,102.60	3020.52	.002	7551.30	5.80
ACCOMMODATIONS	2	5	1,764.73	352.95	.002	882.37	.68
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	5	1,764.73	352.95	.002	882.37	.68
ANCILLARIES	2	0	13,337.87	.00	.000	6668.94	5.12
INPATIENT CROSSOVERS	38	114	25,986.14	227.95	.044	683.85	9.97
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	168	851	13,409.88	15.76	.327	79.82	5.15
MEDICAL	1	1	131.39	131.39	.000	131.39	.05
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	17	207.15	12.19	.007	34.53	.08
	2	2	51.88	25.94	.007	25.94	.02
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	161						
CROSSOVERS/ALL OTH OUTPTNT	161	831	13,019.46	15.67	.319	80.87	5.00
@COUNTY HOSPITAL TOTAL	0	0 \$		\$ .00	.000 \$	.00	·
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MOI	NTH-OF-PAYMENT REP	ORT FOR JAN 2003	THRU DEC	2003	PAGE 8,963
MOP024	FEE-FOR-SERVICE/D	ENTAL					01/29/04
NEVADA COUNTY	SUMMARY OF SERVICE	ES FOR CASH GRANT -	AGED	AID CODE 10			
					MONT	HLY AVERA	GE

2,606 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			חשם	R UNIT/DAY	ד זים סים ח	C	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	207	976	\$	57,745.44	\$	59.17	.375		278.96	\$	22.16
COMM HOSP INPATIENT TOTAL	41	125	Ψ.	44,335.56	τ.	354.68	.048		1081.36	~	17.01
HSC HOSPITALS	1	6		3,246.82		541.14	.002		3246.82		1.25
NON-HSC HOSPITALS TOTAL	2	5		15,102.60		3020.52	.002		7551.30		5.80
ACCOMMODATIONS	2	5		1,764.73		352.95	.002		882.37		.68
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	Ö		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	5		1,764.73		352.95	.002		882.37		.68
ANCILLARIES	2	0		13,337.87		.00	.000		6668.94		5.12
INPATIENT CROSSOVERS	38	114		25,986.14		227.95	.044		683.85		9.97
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	168	851		13,409.88		15.76	.327		79.82		5.15
MEDICAL	1	1		131.39		131.39	.000		131.39		.05
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	6	17		207.15		12.19	.007		34.53		.08
RADIOLOGY	2	2		51.88		25.94	.001		25.94		.02
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	161	831		13,019.46		15.67	.319		80.87		5.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	Ö	~	.00	٧	.00	.000		.00	~	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	55	1,028	\$	164,085.35	\$	159.62	.394		2983.37	\$	62.96
LEV A-INTERMEDIATE	0	0	~	.00	٧	.00	.000	۲	.00	~	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	55	1,028		164,085.35		159.62	.394		2983.37		62.96
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000		.00	\$	.00
ICF DDH	0	0	~	.00	٧	.00	.000		.00	~	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	12	14	\$	5,930.87	\$	423.63	.005		494.24	\$	2.28
HOSPITAL BASED	0	0	~	.00	τ.	.00	.000		.00	~	.00
HEMODIALYSIS CENTER	12	14		5,930.87		423.63	.005		494.24		2.28
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	~	.00	τ.	.00	.000		.00	~	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000		.00	\$	.00
PATHOLOGY	0	0	~	.00	τ.	.00	.000		.00	~	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	59	91	\$	10,187.27	\$	111.95	.035		172.67	\$	3.91
CLINIC	0	0	~	.00	τ.	.00	.000		.00	~	.00
SURGICENTER	1	2		91.86		45.93	.001		91.86		.04
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	58	89		10,095.41		113.43	.034		174.06		3.87
#CALIF DEPT OF HEALTH SERV			ES	MONTH-OF-PAYMENT RI	EPORT					E	PAGE 8,964
MOP024	FEE-FOR-SERVICE		-								01/29/04
NEVADA COUNTY		ICES FOR CASH GR	ANT	' - AGED		AID CODE	10				
								MONT	HLY AVERA	GE	
2,606 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DA	YS (	COST PER		COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELI	G	USER		ELIGIBLE
@ALL OTHER PROVIDERS	256	1,366	\$	53,810.30	\$		.524	\$	210.20	\$	20.65
DURABLE MED. EQUIP.	3	4		237.01		59.25	.002		79.00		.09
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	18	23		2,882.50		125.33	.009		160.14		1.11
MEDICAL TRANSPORTATION	6	35		209.65		5.99	.013		34.94		.08
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	1	3		33.11		11.04	.001		33.11		.01

OTHER SERVICES	5	32	176.54	5.52	.012	35.31	.07
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	37	503	34,977.05	69.54	.193	945.33	13.42
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	51	108	1,337.55	12.38	.041	26.23	.51
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	11	11.96	1.09	.004	3.99	.00
PROSTHETIST/ORTHOTISTS	6	12	172.68	14.39	.005	28.78	.07
PROSTHETICS	6	12	172.68	14.39	.005	28.78	.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	3	1,179.70	393.23	.001	589.85	.45
HOSPICE SERVICES	1	10	1,151.36	115.14	.004	1151.36	.44
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	142	657	11,650.84	17.73	.252	82.05	4.47
@CALIF. CHILDREN SERVICES*	1	4	\$ 45.98	\$ 11.50	.002	\$ 45.98	\$ .02
@XOVER EXCLUDING STATE HOSP**	713	7,477	\$ 113,586.09	\$ 15.19	2.869	\$ 159.31	\$ 43.59

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 8,965 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

----- MONTHLY AVERAGE -----593 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 440,642.13 18,001.77 438 27,670 \$ 15.92 46.661 \$ 1006.03 \$ 743.07 @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 147 702 25.64 1.184 \$ 122.46 \$ 30.36 147 66 42 1 23 93 60 1 27 .157 OUTPATIENT VISITS 3,178.46 34.18 48.16 5.36 OFFICE VISITS 1,602.92 26.72 .101 38.16 2.70 80.10 80.10 HOME VISITS 80.10 .002 .14 48.28 .00 .00 38.35 75.33 50.91 139.28 30.99 1,303.67 .046 EMERGENCY ROOM 48.28 56.68 2.20 0 0 5 82 .00 .00 PREVENTIVE CARE 0 .000 .00 .00 191.77 6,176.94 .000 .00 .00 OB VISITS/COMPRE PERI OTHER OUTPATIENT 5 .008 38.35 .32 INPATIENT VISITS 12 .138 514.75 10.42 HOSPITAL VISITS 14 712.78 50.91 .024 101.83 1.20 139.28 31 4,317.56 .052 4317.56 7.28 CRITICAL CARE 37 30.99 SNF/ICF/TRANS IP CARE 1,146.60 .062 229.32 1.93 OPHTHALMOLOGICAL SERVICES 99.04 33.01 .005 33.01 .17 99.04 33.01 .005 33.01 EXAMINATIONS 33.01 .00 90.78 195.90 .00 25.08 33.73 42.92 .00 29.44 212.08 13.27 14.47 SERVICES AND MATERIALS 0 .00 .000 .00 .00 13 1,180.14 INPATIENT HOSPITAL SURGERY .022 393.38 1.99 5 PRINCIPAL SURGEON 979.52 195.90 .008 489.76 1.65 .000 ASSISTANT SURGEON .00 .00 .00 .00 200.62 ANESTHESIOLOGIST 8 200.62 .013 .34 OUTPATIENT SURGERY 22 742.10 .037 92.76 1.25 .012 PRINCIPAL SURGEON 300.43 42.92 .51 0 ASSISTANT SURGEON .00 .000 .00 .00 15 29.44 441.67 .025 220.84 ANESTHESIOLOGIST .74 13 250.64 DIALYSIS 11 2,757.08 212.08 .022 4.65 14 17 225.55 13.27 PATHOLOGY .029 16.11 .38 22 1,186.68 14.47 .138 53.94 RADIOLOGY 2.00 **PSYCHIATRY** 0 .00 .00 .000 .00 .00

IMMUNIZATION AND INJECTION	1	1	13.76	13.76	.002	13.76	.02
OTHER SERVICES/ALL X-OVERS	68	376	2,442.02	6.49	.634	35.91	4.12
@PHARMACY	328	7,280	\$ 169,388.75	\$ 23.27	12.277	\$ 516.43	\$ 285.65
PRESCRIPTION DRUGS	320	1,556	165,683.89	106.48	2.624	517.76	279.40
SNF/ICF	16	122	9,721.62	79.69	.206	607.60	16.39
OUTPATIENTS	305	1,434	155,962.27	108.76	2.418	511.35	263.01
MEDICAL SUPPLIES	44	5,724	3,704.86	.65	9.653	84.20	6.25
@DENTIST	28	90	\$ 3,555.00	\$ 39.50	.152	\$ 126.96	\$ 5.99
VISITS - DIAGNOSTIC	17	59	1,068.00	18.10	.099	62.82	1.80
ORAL SURGERY	3	6	625.00	104.17	.010	208.33	1.05
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.002	100.00	.17
PERIODONTICS	2	2	255.00	127.50	.003	127.50	.43
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	10	15	1,392.00	92.80	.025	139.20	2.35
PROSTHETICS	1	1	50.00	50.00	.002	50.00	.08

DENTURES, STAYPLATES	1	2	65.00	32.50	.003	65.00	.11
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	4	.00	.00	.007	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 8,966
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES F	OR CASH GRANT	Γ - BLIND	AID CODE	20		

MOP024	FEE-FOR-SERVICE										01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR CASH G	RANT -	BLIND		AID CODE	20				
							M	ONT	HLY AVERA	GE	
593 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AV1	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	6	15	\$	1,874.23	\$		.025		312.37		3.16
DIAGNOSTIC AND ANC. PROCED	3	3	٧	170.01	٧	56.67	.005	Y	56.67	Y	.29
EYE APPLIANCES	4	10				166.88	.017		417.20		2.81
	4			1,668.81							
OTHER OPTOMETRIC SERVICES	2	2	4.	35.41	4.	17.71	.003		17.71	4.	.06
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	8	8	\$	141.59	\$	17.70	.013	\$	17.70	\$	.24
MEDICINE/INJECTIONS	0	0	·	.00	·	.00	.000	•	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	Ö	0		.00		.00	.000		.00		.00
OTHER	8	8		141.59		17.70	.013		17.70		. 24
	6	657	4	19,647.09	4	29.90	1.108	4	3274.52	4	
@HOME HEALTH AGENCY	6		Ş	•	\$						33.13
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	Ş		\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000	\$	.00		.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000		.00	\$	.00
@TOTAL HOSPITAL	102	417	\$	63,389.28	\$	152.01	.703	\$	621.46	\$	106.90
HOSP INPATIENT TOTAL	12	81		51,811.77		639.65	.137		4317.65		87.37
HSC HOSPITALS	2	33		44,230.00		1340.30	.056		22115.00		74.59
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0										
TRANSITIONAL IP CARE		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	10	48		7,581.77		157.95	.081		758.18		12.79
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	91	336		11,577.51		34.46	.567		127.23		19.52
MEDICAL	10	12		415.28		34.61	.020		41.53		.70
SURGERY	7	7		237.17		33.88	.012		33.88		.40
PATHOLOGY	37	118		1,555.19		13.18	.199		42.03		2.62
RADIOLOGY	15	20		3,333.16		166.66	.034		222.21		5.62
ROOM USE	37	41		1,712.67		41.77	.069		46.29		2.89
	40	138		4,324.04		31.33	.233		108.10		7.29
CROSSOVERS/ALL OTH OUTPTNT	0		d		4			4		4	
@COUNTY HOSPITAL TOTAL	•	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	Ö	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000				.00
INPATIENT CROSSOVERS	U					.00			.00		
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES					PAGE 8,967
MOP024	FEE-FOR-SERVICE			de one i on orm, r	1005 IIIIO DI	2005	01/29/04
NEVADA COUNTY	SUMMARY OF SERV		IT - BLIND	AID CODE	2.0		01/25/01
1.2 (1.2.1 0001.11	DOIMING OF BEIN			1112 0022	MON	THLY AVERA	GE
593 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	0.0	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	102	417 \$	63,389.28	\$ 152.01	.703 \$		\$ 106.90
COMM HOSP INPATIENT TOTAL	12	81	51,811.77	639.65	.137	4317.65	87.37
HSC HOSPITALS	2	33	44,230.00	1340.30	.056	22115.00	74.59
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	10	48	7,581.77	157.95	.081	758.18	12.79
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	91	336	11,577.51	34.46	.567	127.23	19.52
MEDICAL	10	12	415.28	34.61	.020	41.53	.70
SURGERY	7	7	237.17	33.88	.012	33.88	.40
PATHOLOGY	37	118	1,555.19	13.18	.199	42.03	2.62
RADIOLOGY	15	20	3,333.16	166.66	.034	222.21	5.62
ROOM USE	37	41	1,712.67	41.77	.069	46.29	2.89
CROSSOVERS/ALL OTH OUTPINT	40	138	4,324.04	31.33	.233	108.10	7.29
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	13	303 \$	66,441.22	\$ 219.28	.511 \$	5110.86	\$ 112.04
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	5 0	124	42,763.88	344.87	.209	8552.78	72.11
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	8	179	23,677.34	132.28	.302	2959.67	39.93
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

MEDICAL	10	12		415.28		34.61	.020		41.53		. 70	
SURGERY	7	7		237.17		33.88	.012		33.88		.40	
PATHOLOGY	37	118		1,555.19		13.18	.199		42.03		2.62	
RADIOLOGY	15	20		3,333.16	;	166.66	.034		222.21		5.62	
ROOM USE	37	41		1,712.67		41.77	.069		46.29		2.89	
CROSSOVERS/ALL OTH OUTPINT	40	138		4,324.04		31.33	.233		108.10		7.29	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00	
MENTALLY ILL	0	0		.00	)	.00	.000		.00		.00	
DEVELOP. DISABLED	0	0		.00	)	.00	.000		.00		.00	
@NURSING FACILITY	13	303	\$	66,441.22	\$	219.28	.511	\$	5110.86	\$	112.04	
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00	
LEV B-REHAB MD	0	0		.00	)	.00	.000		.00		.00	
LEV B-SUBACUTE FREESTANDING	5	124		42,763.88		344.87	.209		8552.78		72.11	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	)	.00	.000		.00		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	)	.00	.000		.00		.00	
LEV B-REGULAR	8	179		23,677.34		132.28	.302		2959.67		39.93	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00	
ICF DDH	0	0		.00	1	.00	.000		.00		.00	
ICF DD	0	0		.00	1	.00	.000		.00		.00	
ICF DDN/DDCN	0	0		.00	)	.00	.000		.00		.00	
@HEMODIALYSIS TOTAL	20	834	\$	28,246.94	: \$	33.87	1.406	\$	1412.35	\$	47.63	
HOSPITAL BASED	0	0		.00	1	.00	.000		.00		.00	
HEMODIALYSIS CENTER	20	834		28,246.94		33.87	1.406		1412.35		47.63	
@REHABILITATION FACILITY	10	229	\$	3,159.86	\$	13.80	.386	\$	315.99	\$	5.33	
HOSPITAL BASED	0	0		.00	)	.00	.000		.00		.00	
INDEPENDENT FACILITY	10	229		3,159.86	,	13.80	.386		315.99		5.33	
@LABORATORY FACILITY	15	87	\$	1,202.01	. \$	13.82	.147	\$	80.13	\$	2.03	
PATHOLOGY	15	87		1,202.01		13.82	.147		80.13		2.03	
XO AND OTHERS	0	0		.00	)	.00	.000		.00		.00	
@ORGANIZED OUTPATIENT CLINIC	21	32	\$	2,501.60	\$	78.18	.054	\$	119.12	\$	4.22	
CLINIC	0	0		.00	)	.00	.000		.00		.00	
SURGICENTER	0	0		.00	)	.00	.000		.00		.00	
HEROIN DETOX CLINIC	0	0		.00	)	.00	.000		.00		.00	
RURAL HEALTH CLINIC	21	32		2,501.60		78.18	.054		119.12		4.22	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MO	ONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	P.	AGE 8,968	
MOP024	FEE-FOR-SERVICE/DENTA	L									01/29/04	
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MOP024 NEVADA COUNTY

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

						MO	ONTHLY AVERA	GE
593 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	142	17,016	\$	63,092.79	\$ 3.71	28.695	\$ 444.32	\$ 106.40
DURABLE MED. EQUIP.	7	10		13,938.81	1393.88	.017	1991.26	23.51
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	5		1,631.43	326.29	.008	407.86	2.75
MEDICAL TRANSPORTATION	11	166		4,203.05	25.32	.280	382.10	7.09
AMBULANCES/AIR TRANS	10	133		2,335.87	17.56	.224	233.59	3.94
OTHER TRANS	1	22		44.95	2.04	.037	44.95	.08
OTHER SERVICES	3	11		1,822.23	165.66	.019	607.41	3.07
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	24	189		13,112.63	69.38	.319	546.36	22.11
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	6	11		175.44	15.95	.019	29.24	.30
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2		2.64	1.32	.003	2.64	.00
PROSTHETIST/ORTHOTISTS	6	21		4,230.42	201.45	.035	705.07	7.13
PROSTHETICS	6	21		4,230.42	201.45	.035	705.07	7.13
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2		35.00	17.50	.003	17.50	.06
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	48	5,100		20,222.49	3.97	8.600	421.30	34.10
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	54	11,510		5,540.88	.48	19.410	102.61	9.34
@CALIF. CHILDREN SERVICES*	39	1,686	\$	61,190.62	\$ 36.29	2.843	\$ 1568.99	\$ 103.19
@XOVER EXCLUDING STATE HOSP**	106	613	\$	23,550.40	\$ 38.42	1.034	\$ 222.17	\$ 39.71
@* TOTALS IN THESE LINES ARE GIVEN	N AS A SEPAR	RATE INFORMATION :	ITEM	ONLY;				

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 8,969 FEE-FOR-SERVICE/DENTAL MOP024 01/29/04 NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

NH VIIDII COONIII	DOMINIME OF DELL	VICED ION CHEN GRANT		TITD CODE	0.0		
					MON	NTHLY AVERA	GE
17,192 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	13,001	361,264 \$	9,609,120.60	\$ 26.60	21.013	739.11	\$ 558.93
@PHYSICIANS SERVICES	4,230	14,570 \$	502,810.90	\$ 34.51	.847	118.87	\$ 29.25
OUTPATIENT VISITS	2,555	4,011	148,605.92	37.05	.233	58.16	8.64
OFFICE VISITS	1,880	2,629	78,352.16	29.80	.153	41.68	4.56
HOME VISITS	5	5	234.60	46.92	.000	46.92	.01
EMERGENCY ROOM	853	1,195	64,711.46	54.15	.070	75.86	3.76
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	3	245.00	81.67	.000	122.50	.01
OTHER OUTPATIENT	170	179	5,062.70	28.28	.010	29.78	. 29
INPATIENT VISITS	213	808	37,134.66	45.96	.047	174.34	2.16
HOSPITAL VISITS	185	704	29,029.95	41.24	.041	156.92	1.69
CRITICAL CARE	14	63	6,848.08	108.70	.004	489.15	.40
SNF/ICF/TRANS IP CARE	29	41	1,256.63	30.65	.002	43.33	.07
OPHTHALMOLOGICAL SERVICES	84	91	3,897.97	42.83	.005	46.40	.23
EXAMINATIONS	84	91	3,897.97	42.83	.005	46.40	.23
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	93	680	51,938.01	76.38	.040	558.47	3.02
PRINCIPAL SURGEON	67	116	38,078.00	328.26	.007	568.33	2.21

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	15	16	3,268.74	204.30	.001	217.92	.19
ANESTHESIOLOGIST	35	548	10,591.27	19.33	.032	302.61	.62
OUTPATIENT SURGERY	309	761	54,086.42	71.07	.044	175.04	3.15
PRINCIPAL SURGEON	273	324	44,725.83	138.04	.019	163.83	2.60
ASSISTANT SURGEON	2	2	380.46	190.23	.000	190.23 176.08	.02
ANESTHESIOLOGIST	51 19	435 64	8,980.13	20.64 90.19	.025		.52
DIALYSIS PATHOLOGY	331	510	5,772.12 10,202.49	20.00	.004	303.80 30.82	.34 .59
RADIOLOGY	988	1,724	68,616.43	39.80	.100	69.45	3.99
PSYCHIATRY	0	1,724	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	119	586	13,792.08	23.54	.034	115.90	.80
OTHER SERVICES/ALL X-OVERS	1,735	5,335	108,764.80	20.39	.310	62.69	6.33
@PHARMACY	11,002	146,926 \$	5,583,810.45	\$ 38.00	8.546		
PRESCRIPTION DRUGS	10,899	48,304	5,487,255.75	113.60	2.810	503.46	319.17
SNF/ICF	254	1,839	158,233.73	86.04	.107	622.97	9.20
OUTPATIENTS	10,696	46,465	5,329,022.02	114.69	2.703	498.23	309.97
MEDICAL SUPPLIES	661	98,622	96,554.70	.98	5.737	146.07	5.62
@DENTIST	726	2,963 \$	145,043.49	\$ 48.95	.172		
VISITS - DIAGNOSTIC	472	1,593	23,912.64	15.01	.093	50.66	1.39
ORAL SURGERY	116	375	17,927.00	47.81	.022	154.54	1.04
DRUGS	5 7	5 7	75.00	15.00	.000	15.00	.00
ANESTHESIA PERIODONTICS	28	38	700.00 5,963.00	100.00 156.92	.000 .002	100.00 212.96	.04 .35
ENDODONTICS  ENDODONTICS	49	90	15,761.00	175.12	.002	321.65	.92
RESTORATIVE DENTISTRY	241	662	49,553.60	74.85	.039	205.62	2.88
PROSTHETICS	7	6	150.00	25.00	.000	21.43	.01
DENTURES, STAYPLATES	70	160	30,546.00	190.91	.009	436.37	1.78
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	3	3	350.25	116.75	.000	116.75	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	105.00	52.50	.000	52.50	.01
ALL OTHER SERVICES	15	22	105.00	.00	.000 .001	.00	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	15 MEDI-CAL SERVI	22 CES AND EXPENDITURES	105.00	.00	.000 .001	.00	.00 PAGE 8,970
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	15 MEDI-CAL SERVIC FEE-FOR-SERVIC	22 CES AND EXPENDITURES E/DENTAL	105.00 .00 MONTH-OF-PAYMENT RI	.00 EPORT FOR JAN	.000 .001 2003 THRU DE	.00	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	15 MEDI-CAL SERVIC FEE-FOR-SERVIC	22 CES AND EXPENDITURES	105.00 .00 MONTH-OF-PAYMENT RI	.00	.000 .001 2003 THRU DE	.00 EC 2003	.00 PAGE 8,970 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	15 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERV	22 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT	105.00 .00 MONTH-OF-PAYMENT RI	.00 EPORT FOR JAN AID CODE	.000 .001 2003 THRU DI 60	.00 EC 2003 THLY AVERA	.00 PAGE 8,970 01/29/04 GE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	15 MEDI-CAL SERVIC FEE-FOR-SERVIC	22 CES AND EXPENDITURES E/DENTAL	105.00 .00 MONTH-OF-PAYMENT RI	.00 EPORT FOR JAN	.000 .001 2003 THRU DE 60 MON UNITS/DAYS	.00 EC 2003 THLY AVERA	.00 PAGE 8,970 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	15 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERV	22 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE	105.00 .00 MONTH-OF-PAYMENT RI	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 20.31	.000 .001 2003 THRU DE 60 MON UNITS/DAYS	.00 EC 2003  WITHLY AVERA COST PER USER 5 60.52	.00 PAGE 8,970 01/29/04 GE COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  17,192 ELIGIBLES	15 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 344 141	22 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 1,025 \$ 141	105.00 .00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 20,819.91 6,486.80	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 20.31 46.01	.000 .001 2003 THRU DE 60 MON UNITS/DAYS PER ELIG .060 .008	.00 EC 2003  WITHLY AVERA COST PER USER 60.52 46.01	.00 PAGE 8,970 01/29/04 GE COST PER ELIGIBLE \$ 1.21 .38
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  17,192 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	15 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  344 141 297	22 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 1,025 \$ 141 844	105.00 .00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 20,819.91 6,486.80 13,507.37	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 20.31 46.01 16.00	.000 .001 2003 THRU DE 60 MON UNITS/DAYS PER ELIG .060 S .008 .049	.00 EC 2003  JTHLY AVERA COST PER USER 60.52 46.01 45.48	.00 PAGE 8,970 01/29/04 GE COST PER ELIGIBLE \$ 1.21 .38 .79
ALL OTHER SERVICES  #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  17,192 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	15 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  344 141 297 29	Z2 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 1,025 \$ 141 844 40	105.00 .00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 20,819.91 6,486.80 13,507.37 825.74	.00 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 20.31 46.01 16.00 20.64	.000 .001 2003 THRU DE 60 MON UNITS/DAYS PER ELIG .060 S .008 .049 .002	.00 EC 2003 WITHLY AVERA COST PER USER 60.52 46.01 45.48 28.47	.00 PAGE 8,970 01/29/04  GE COST PER ELIGIBLE \$ 1.21 .38 .79 .05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  17,192 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	15 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  344 141 297 29 107	Z2 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 1,025 \$ 141 844 40 171 \$	105.00 .00 MONTH-OF-PAYMENT RI T- DISABLED EXPENDITURES 20,819.91 6,486.80 13,507.37 825.74 2,779.74	.00 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 20.31 46.01 16.00 20.64 \$ 16.26	.000 .001 2003 THRU DE 60 MON UNITS/DAYS PER ELIG .060 S .008 .049 .002 .010 S	.00 EC 2003 NTHLY AVERA COST PER USER 60.52 46.01 45.48 28.47 25.98	.00 PAGE 8,970 01/29/04  GE COST PER ELIGIBLE \$ 1.21 .38 .79 .05 \$ .16
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  17,192 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	15 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  344 141 297 29 107 98	Z2 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 1,025 \$ 141 844 40 171 \$ 156	105.00 .00 MONTH-OF-PAYMENT RI T- DISABLED EXPENDITURES 20,819.91 6,486.80 13,507.37 825.74 2,779.74 2,566.52	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 20.31 46.01 16.00 20.64 \$ 16.26 16.45	.000 .001 2003 THRU DE 60 MON UNITS/DAYS PER ELIG .060 S .008 .049 .002 .010 S	.00 EC 2003 WITHLY AVERA COST PER USER 60.52 46.01 45.48 28.47 25.98 26.19	.00 PAGE 8,970 01/29/04  GE COST PER ELIGIBLE \$ 1.21 .38 .79 .05 \$ .16 .15
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  17,192 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	15 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  344 141 297 29 107 98 9	Z2 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 1,025 \$ 141 844 40 171 \$ 156 15	105.00 .00 MONTH-OF-PAYMENT RI T- DISABLED EXPENDITURES 20,819.91 6,486.80 13,507.37 825.74 2,779.74 2,566.52 213.22	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 20.31 46.01 16.00 20.64 \$ 16.26 16.45 14.21	.000 .001 2003 THRU DE 60 MON UNITS/DAYS PER ELIG .060 S .008 .049 .002 .010 S .009	.00 EC 2003 WITHLY AVERA COST PER USER 60.52 46.01 45.48 28.47 5 25.98 26.19 23.69	.00 PAGE 8,970 01/29/04  GE COST PER ELIGIBLE \$ 1.21 .38 .79 .05 \$ .16 .15 .01
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  17,192 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	15 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  344 141 297 29 107 98 9 86	Z2 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 1,025 \$ 141 844 40 171 \$ 156 15 129 \$	105.00 .00 MONTH-OF-PAYMENT RI C - DISABLED EXPENDITURES 20,819.91 6,486.80 13,507.37 825.74 2,779.74 2,566.52 213.22 2,168.61	.00 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 20.31 46.01 16.00 20.64 \$ 16.26 16.45 14.21 \$ 16.81	.000 .001 2003 THRU DE 60 MON UNITS/DAYS PER ELIG .060 S .008 .049 .002 .010 S .009 .001	.00 EC 2003 NTHLY AVERA COST PER USER 60.52 46.01 45.48 28.47 5 25.98 26.19 23.69 5 25.22	.00 PAGE 8,970 01/29/04  GE COST PER ELIGIBLE \$ 1.21 .38 .79 .05 \$ .16 .15 .01 \$ .13
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  17,192 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	15 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  344 141 297 29 107 98 9 86 23	Z2 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 1,025 \$ 141 844 40 171 \$ 156 15 129 \$	105.00 .00 MONTH-OF-PAYMENT RI T- DISABLED EXPENDITURES 20,819.91 6,486.80 13,507.37 825.74 2,779.74 2,566.52 213.22 2,168.61 1,101.75	.00 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 20.31 46.01 16.00 20.64 \$ 16.26 16.45 14.21 \$ 16.81 28.25	.000 .001 2003 THRU DE 60 MON UNITS/DAYS PER ELIG .060 S .008 .049 .002 .010 S .009 .001	.00 EC 2003 VITHLY AVERA COST PER USER 60.52 46.01 45.48 28.47 25.98 26.19 23.69 25.22 47.90	.00 PAGE 8,970 01/29/04  GE COST PER ELIGIBLE \$ 1.21 .38 .79 .05 \$ .16 .15 .01 \$ .13
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  17,192 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	15 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  344 141 297 29 107 98 9 86 23 0	Z2 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 1,025 \$ 141 844 40 171 \$ 156 15 129 \$ 39 0	105.00 .00 MONTH-OF-PAYMENT RI C- DISABLED EXPENDITURES 20,819.91 6,486.80 13,507.37 825.74 2,779.74 2,566.52 213.22 2,168.61 1,101.75	.00 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 20.31 46.01 16.00 20.64 \$ 16.26 16.45 14.21 \$ 16.81 28.25 .00	.000 .001 2003 THRU DH 60 MON UNITS/DAYS PER ELIG .060 S .008 .049 .002 .010 S .009 .001	.00 EC 2003 WITHLY AVERA COST PER USER 60.52 46.01 45.48 28.47 25.98 26.19 23.69 25.22 47.90 .00	.00 PAGE 8,970 01/29/04  GE COST PER ELIGIBLE \$ 1.21 .38 .79 .05 \$ .16 .15 .01 \$ .13 .06 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  17,192 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	15 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  344 141 297 29 107 98 9 86 23 0 1	Z2 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 1,025 \$ 141 844 40 171 \$ 156 15 129 \$ 39 0 2	105.00 .00 MONTH-OF-PAYMENT RI C- DISABLED EXPENDITURES 20,819.91 6,486.80 13,507.37 825.74 2,779.74 2,566.52 213.22 2,168.61 1,101.75 .00 34.60	.00 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 20.31 46.01 16.00 20.64 \$ 16.26 16.45 14.21 \$ 16.81 28.25 .00 17.30	.000 .001 2003 THRU DE 60 MON UNITS/DAYS PER ELIG .060 S .008 .049 .002 .010 S .009 .001 .009	.00 EC 2003 WITHLY AVERA COST PER USER 60.52 46.01 45.48 28.47 25.98 26.19 23.69 25.22 47.90 .00 34.60	.00 PAGE 8,970 01/29/04  GE COST PER ELIGIBLE \$ 1.21 .38 .79 .05 \$ .16 .15 .01 \$ .13 .06 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  17,192 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	15 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  344 141 297 29 107 98 9 86 23 0 1 64	Z2 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 1,025 \$ 141 844 40 171 \$ 156 15 129 \$ 39 0 2 88	105.00 .00 MONTH-OF-PAYMENT RI C- DISABLED EXPENDITURES 20,819.91 6,486.80 13,507.37 825.74 2,779.74 2,566.52 213.22 2,168.61 1,101.75 .00 34.60 1,032.26	.00 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 20.31 46.01 16.00 20.64 \$ 16.26 16.45 14.21 \$ 16.81 28.25 .00 17.30 11.73	.000 .001 2003 THRU DE 60 MON UNITS/DAYS PER ELIG .060 S .008 .049 .002 .010 S .009 .001 .009 .001	.00 EC 2003 WITHLY AVERA COST PER USER 6 0.52 46.01 45.48 28.47 5 25.98 26.19 23.69 25.29 47.90 .00 34.60 16.13	.00 PAGE 8,970 01/29/04  GE COST PER ELIGIBLE \$ 1.21 .38 .79 .05 \$ .16 .15 .01 \$ .13 .06 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  17,192 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	15 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  344 141 297 29 107 98 9 86 23 0 1	Z2 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 1,025 \$ 141 844 40 171 \$ 156 15 129 \$ 39 0 2	105.00 .00 MONTH-OF-PAYMENT RI C- DISABLED EXPENDITURES 20,819.91 6,486.80 13,507.37 825.74 2,779.74 2,566.52 213.22 2,168.61 1,101.75 .00 34.60	.00 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 20.31 46.01 16.00 20.64 \$ 16.26 16.45 14.21 \$ 16.81 28.25 .00 17.30	.000 .001 2003 THRU DH 60 MON UNITS/DAYS PER ELIG .060 S .008 .049 .002 .010 S .009 .001 .008 .009 .001	.00 EC 2003 VITHLY AVERA COST PER USER 60.52 46.01 45.48 28.47 5 25.98 26.19 23.69 25.22 47.90 .00 34.60 16.13 481.81	.00 PAGE 8,970 01/29/04  GE COST PER ELIGIBLE \$ 1.21 .38 .79 .05 \$ .16 .15 .01 \$ .13 .06 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  17,192 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	15 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  344 141 297 29 107 98 9 86 23 0 1 64 89 3 2	22 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 1,025 \$ 141 844 40 171 \$ 156 15 129 \$ 39 0 2 88 846 \$	105.00 .00 MONTH-OF-PAYMENT RI T- DISABLED EXPENDITURES 20,819.91 6,486.80 13,507.37 825.74 2,779.74 2,566.52 213.22 2,168.61 1,101.75 .00 34.60 1,032.26 42,881.28	.00 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 20.31 46.01 16.00 20.64 \$ 16.26 16.45 14.21 \$ 16.81 28.25 .00 17.30 11.73 \$ 50.69	.000 .001 2003 THRU DH 60 MON UNITS/DAYS PER ELIG .060 S .008 .049 .002 .010 S .009 .001 .009 .001 .008 .002	.00 EC 2003 VITHLY AVERA COST PER USER 60.52 46.01 45.48 28.47 25.98 26.19 23.69 25.22 47.90 .00 34.60 16.13 481.81 59.05	.00 PAGE 8,970 01/29/04  GE COST PER ELIGIBLE \$ 1.21 .38 .79 .05 \$ .16 .15 .01 \$ .13 .06 .00 .00 .00 .06 \$ 2.49
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  17,192 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	15 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  344 141 297 29 107 98 9 86 23 0 1 64 89 3 2	22 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 1,025 \$ 141 844 40 171 \$ 156 15 129 \$ 39 0 2 88 846 \$ 55 \$ 2 \$ 0 \$	105.00 .00 MONTH-OF-PAYMENT RI T- DISABLED EXPENDITURES 20,819.91 6,486.80 13,507.37 825.74 2,779.74 2,566.52 213.22 2,168.61 1,101.75 .00 34.60 1,032.26 42,881.28 177.14 62.34 .00	.00 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 20.31 46.01 16.00 20.64 \$ 16.26 16.45 14.21 \$ 16.81 28.25 .00 17.30 11.73 \$ 50.69 \$ 3.22 \$ 31.17 \$ .00	.000 .001 2003 THRU DE 60 MON UNITS/DAYS PER ELIG .060 S .008 .049 .002 .010 S .009 .001 .008 .002 .000 .000 .005 .049 S .000 .005	.00 EC 2003 NTHLY AVERA COST PER USER 60.52 46.01 45.48 28.47 25.98 26.19 23.69 25.22 47.90 .00 34.60 16.13 481.81 59.05 31.17 .00	.00 PAGE 8,970 01/29/04  GE COST PER ELIGIBLE \$ 1.21 .38 .79 .05 \$ .16 .15 .01 \$ .13 .06 .00 .00 .00 .00 .00 .00 \$ 2.49 \$ .01 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00
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ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  17,192 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER @TOTAL HOSPITAL	15 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS  344 141 297 29 107 98 9 86 23 0 1 64 89 3 2 0 74 3,001	22 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE  1,025 \$ 141 844 40 171 \$ 156 15 129 \$ 39 0 2 88 846 \$ 55 \$ 2 \$ 0 \$ 105 \$ 15,647 \$	105.00 .00 MONTH-OF-PAYMENT RI C- DISABLED EXPENDITURES 20,819.91 6,486.80 13,507.37 825.74 2,779.74 2,566.52 213.22 2,168.61 1,101.75 .00 34.60 1,032.26 42,881.28 177.14 62.34 .00 2,676.80 1,867,490.69	.00 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 20.31 46.01 16.00 20.64 \$ 16.26 16.45 14.21 \$ 16.81 28.25 .00 17.30 11.73 \$ 50.69 \$ 3.22 \$ 31.17 \$ .00 \$ 25.49 \$ 119.35	.000 .001 2003 THRU DE 60 MON UNITS/DAYS PER ELIG .060 S .008 .049 .002 .010 S .009 .001 .008 .002 .000 .000 .005 .049 S .005 .049 S .002 .000 .005	.00 EC 2003  WITHLY AVERA COST PER USER 60.52 46.01 45.48 28.47 25.98 26.19 23.69 25.22 47.90 .00 34.60 16.13 481.81 59.05 31.17 .00 36.17 622.29	.00 PAGE 8,970 01/29/04  GE COST PER ELIGIBLE \$ 1.21 .38 .79 .05 \$ .16 .15 .01 \$ .13 .06 .00 .00 .00 .06 \$ 2.49 \$ .01 \$ .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  17,192 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	15 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  344 141 297 29 107 98 9 86 23 0 1 64 89 3 2 0 74 3,001 301	22 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE  1,025 \$ 141 844 40 171 \$ 156 15 129 \$ 39 0 2 88 846 \$ 55 \$ 2 88 846 \$ 55 \$ 2 88 846 \$ 55 \$ 2 88 846 \$ 55 \$ 2 88 846 \$ 55 \$ 2 88 846 \$ 55 \$ 2 88 846 \$ 55 \$ 2 88 846 \$ 55 \$ 2 88 846 \$ 55 \$ 2 88 846 \$ 55 \$ 2 88 846 \$ 55 \$ 2 88 846 \$ 55 \$ 2 88 846 \$ 55 \$ 2 88 846 \$ 55 \$ 2 88 847 848 848 848 848 848 848 848 848	105.00 .00 MONTH-OF-PAYMENT RI C- DISABLED EXPENDITURES 20,819.91 6,486.80 13,507.37 825.74 2,779.74 2,566.52 213.22 2,168.61 1,101.75 .00 34.60 1,032.26 42,881.28 177.14 62.34 .00 2,676.80 1,867,490.69 1,515,806.11	.00 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 20.31 46.01 16.00 20.64 \$ 16.26 16.45 14.21 \$ 16.81 28.25 .00 17.30 11.73 \$ 50.69 \$ 3.22 \$ 31.17 \$ .00 \$ 25.49 \$ 119.35 1149.21	.000 .001 2003 THRU DI 60 MON UNITS/DAYS PER ELIG .060 S .008 .049 .002 .010 S .009 .001 .008 .002 .000 .000 .005 .049 S .002 .000 .005 .049 S .003 S .004 .005 .005 .006 S .006 S .007	.00 EC 2003  WITHLY AVERA COST PER USER 60.52 46.01 45.48 28.47 25.98 26.19 23.69 25.22 47.90 .00 34.60 16.13 481.81 59.05 31.17 .00 36.17 622.29 5035.90	.00 PAGE 8,970 01/29/04  GE COST PER ELIGIBLE \$ 1.21 .38 .79 .05 \$ .16 .15 .01 \$ .13 .06 .00 .00 .06 \$ 2.49 \$ .01 \$ .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  17,192 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	15 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS  344 141 297 29 107 98 9 86 23 0 1 64 89 3 2 0 74 3,001 301 55	22 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 1,025 \$ 141 844 40 171 \$ 156 15 129 \$ 39 0 2 88 846 \$ 55 \$ 2 \$ 0 \$ 105 \$ 15,647 \$ 1,319 455	105.00 .00 MONTH-OF-PAYMENT RI C- DISABLED EXPENDITURES 20,819.91 6,486.80 13,507.37 825.74 2,779.74 2,566.52 213.22 2,168.61 1,101.75 .00 34.60 1,032.26 42,881.28 177.14 62.34 .00 2,676.80 1,867,490.69 1,515,806.11 545,713.07	.00 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 20.31 46.01 16.00 20.64 \$ 16.26 16.45 14.21 \$ 16.81 28.25 .00 17.30 11.73 \$ 50.69 \$ 3.22 \$ 31.17 \$ .00 \$ 25.49 \$ 119.35 1149.21 1199.37	.000 .001 2003 THRU DI 60 MON UNITS/DAYS PER ELIG .060 S .008 .049 .002 .010 S .009 .001 .008 .002 .000 .000 .005 .049 S .002 .000 .005 .049 S .003 S .049 S .003 S .000 S .000 S	.00 EC 2003  WITHLY AVERA COST PER USER 60.52 46.01 45.48 28.47 25.98 26.19 23.69 25.22 47.90 .00 34.60 16.13 481.81 59.05 31.17 622.29 5035.90 9922.06	.00 PAGE 8,970 01/29/04  GE COST PER ELIGIBLE \$ 1.21 .38 .79 .05 \$ .16 .15 .01 \$ .13 .06 .00 .00 .00 .06 \$ 2.49 \$ .01 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .01 \$ .00 \$
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  17,192 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	15 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  344 141 297 29 107 98 9 86 23 0 1 64 89 3 2 0 74 3,001 301	22 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE  1,025 \$ 141 844 40 171 \$ 156 15 129 \$ 39 0 2 88 846 \$ 55 \$ 2 88 846 \$ 55 \$ 2 88 846 \$ 55 \$ 2 88 846 \$ 55 \$ 2 88 846 \$ 55 \$ 2 88 846 \$ 55 \$ 2 88 846 \$ 55 \$ 2 88 846 \$ 55 \$ 2 88 846 \$ 55 \$ 2 88 846 \$ 55 \$ 2 88 846 \$ 55 \$ 2 88 846 \$ 55 \$ 2 88 846 \$ 55 \$ 2 88 846 \$ 55 \$ 2 88 847 848 848 848 848 848 848 848 848	105.00 .00 MONTH-OF-PAYMENT RI C- DISABLED EXPENDITURES 20,819.91 6,486.80 13,507.37 825.74 2,779.74 2,566.52 213.22 2,168.61 1,101.75 .00 34.60 1,032.26 42,881.28 177.14 62.34 .00 2,676.80 1,867,490.69 1,515,806.11	.00 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 20.31 46.01 16.00 20.64 \$ 16.26 16.45 14.21 \$ 16.81 28.25 .00 17.30 11.73 \$ 50.69 \$ 3.22 \$ 31.17 \$ .00 \$ 25.49 \$ 119.35 1149.21	.000 .001 2003 THRU DI 60 MON UNITS/DAYS PER ELIG .060 S .008 .049 .002 .010 S .009 .001 .008 .002 .000 .000 .005 .049 S .002 .000 .005 .049 S .003 S .004 .005 .005 .006 S .006 S .007	.00 EC 2003  WITHLY AVERA COST PER USER 60.52 46.01 45.48 28.47 25.98 26.19 23.69 25.22 47.90 .00 34.60 16.13 481.81 59.05 31.17 .00 36.17 622.29 5035.90	.00 PAGE 8,970 01/29/04  GE COST PER ELIGIBLE \$ 1.21 .38 .79 .05 \$ .16 .15 .01 \$ .13 .06 .00 .00 .06 \$ 2.49 \$ .01 \$ .00

ADMINISTRATIVE DAYS	6	52	24,198.11	465.35	.003	4033.02	1.41
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	137	452	198,109.83	438.30	.026	1446.06	11.52
ANCILLARIES	140	0	659,081.59	.00	.000	4707.73	38.34
INPATIENT CROSSOVERS	114	360	88,703.51	246.40	.021	778.10	5.16
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,823	14,328	351,684.58	24.55	.833	124.58	20.46
MEDICAL	362	536	19,497.95	36.38	.031	53.86	1.13
SURGERY	208	221	6,362.73	28.79	.013	30.59	.37
PATHOLOGY	1,124	4,914	59,126.94	12.03	.286	52.60	3.44
RADIOLOGY	758	1,120	95,588.09	85.35	.065	126.11	5.56
ROOM USE	1,212	1,819	73,286.51	40.29	.106	60.47	4.26
CROSSOVERS/ALL OTH OUTPTNT	1,423	5,718	97,822.36	17.11	.333	68.74	5.69
@COUNTY HOSPITAL TOTAL	9	24	\$ 539.20	\$ 22.47	.001	\$ 59.91	\$ .03
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0									
TRANSITIONAL IP CARE	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	Ü	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	9	24		539.20		22.47	.001		59.91		.03
MEDICAL	2	2		131.31		65.66	.000		65.66		.01
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	6		95.95		15.99	.000		31.98		.01
RADIOLOGY	2	2		64.86		32.43	.000		32.43		.00
	Z. //	<u>Δ</u>		151.26		37.82	.000		37.82		.01
ROOM USE	4	10				9.58			19.16		
CROSSOVERS/ALL OTH OUTPTNT			_~ .	95.82			.001	-~ ^			.01
			ES I	MONTH-OF-PAYMENT RE	EDOK.I.	FOR JAN	2003 THRU L	EC 2	003	1	PAGE 8,971
MOP024	FEE-FOR-SERVICE										01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR CASH GR.	ANT	- DISABLED		AID CODE	60				
							MC	NTHL	Y AVERA	AGE	
17,192 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	CO	ST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,996	15,623	\$	1,866,951.49		119.50			623.15	Ġ	
COMM HOSP INPATIENT TOTAL	301	1,319	Υ	1,515,806.11	•	1149.21	.077		035.90	~	88.17
HSC HOSPITALS	55	455		545,713.07		1199.37	.026		922.06		31.74
	140	504				1748.79					
NON-HSC HOSPITALS TOTAL				881,389.53			.029		295.64		51.27
ACCOMMODATIONS	140	504		222,307.94		441.09	.029		587.91		12.93
ADMINISTRATIVE DAYS	6	52		24,198.11		465.35	.003	4	033.02		1.41
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	137	452		198,109.83		438.30	.026		446.06		11.52
ANCILLARIES	140	0		659,081.59		.00	.000	4	707.73		38.34
INPATIENT CROSSOVERS	114	360		88,703.51		246.40	.021		778.10		5.16
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2,817	14,304		351,145.38		24.55	.832		124.65		20.42
MEDICAL	360	534		19,366.64		36.27	.031		53.80		1.13
SURGERY	208	221		6,362.73		28.79	.013		30.59		.37
PATHOLOGY	1,121	4,908		59,030.99		12.03	.285		52.66		3.43
RADIOLOGY	756	1,118		95,523.23		85.44	.065		126.35		5.56
ROOM USE	1,208	1,815		73,135.25		40.29	.106		60.54		4.25
CROSSOVERS/ALL OTH OUTPTNT		5,708		97,726.54		17.12	.332		68.87		5.68
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	130	3,494	\$	449,308.14	\$	128.59	.203	\$ 3	456.22	Ġ	26.13
LEV A-INTERMEDIATE	0	0	т	.00	т.	.00	.000	, -	.00	т.	.00
LEV B-REHAB MD	1	21		2,539.53		120.93	.001	2	539.53		.15
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00							
	0					.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	_	.00		.00
LEV B-REGULAR	129	3,473		446,768.61		128.64	.202		463.32		25.99
@INTERMEDIATE CARE FACILDD	2	208	\$	38,020.32	\$	182.79	.012	\$ 19	010.16	\$	2.21
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	2	208		38,020.32		182.79	.012	19	010.16		2.21
@HEMODIALYSIS TOTAL	79	2,470	\$	90,682.57	\$	36.71			147.88	Ġ	5.27
HOSPITAL BASED	Ő	2,1,0	.1"	.00	٠,	.00	.000	, -	.00	~	.00
HEMODIALYSIS CENTER	79	2,470		90,682.57		36.71	.144	1	147.88		5.27
		The state of the s	۲.		ب.					4	
@REHABILITATION FACILITY	32	497	\$	6,888.38	\$	13.86			215.26	Ş	.40
HOSPITAL BASED	3	6		329.04		54.84	.000		109.68		.02
INDEPENDENT FACILITY	29	491		6,559.34	٠.	13.36	.029		226.18	4.	.38
@LABORATORY FACILITY	286	1,333	\$	19,560.28	\$	14.67	.078	Ş	68.39	\$	1.14

PATHOLOGY	281	1,322		18,974.56		14.35	.077	67.53		1.10
WO THE OFFICE	5	11		585.72		53.25		117.14		.03
AND OTHERS  @ORGANIZED OUTPATIENT CLINIC	1 265	2,107	\$	256,358.93	\$	121 67	.123		\$	14.91
CLINIC	52	104	٧	2,299.44	Y	22 11	.006	44.22	Y	.13
SURGICENTER	10	37		1,364.74		36 88	.002			.08
HEDOTA DETOY OF TATO	2	46		545.67		22.11 36.88 11.86	003	136.47 181.89		.03
RURAL HEALTH CLINIC	1,207			252,149.08		131.33	.112			14.67
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITUR							P	AGE 8,972
MOP024	FEE-FOR-SERVICE			1011111 01 1111111111111111111111111111	010		2000 211110 21	2005		01/29/04
NEVADA COUNTY		TORS FOR CASH CR	ANT	- DISABLED		AID CODE	60			,,
							MON	THLY AVERA	GE ·	
17,192 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	USERS	UNITS OF SERVICE		EXPENDITURES	AV1	ERAGE COST	UNITS/DAYS	COST PER	(	COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,850	168,716	\$	577,580.63	\$	3.42	9.814	312.21	\$	33.60
DURABLE MED. EQUIP.	233	1,043		118,297.45		113.42	.061	507.71		6.88
BLOOD BANK	0	0		.00		.00	.000	.00 245.44 152.73		.00
HEARING AID DISPENSERS	26	32		6,381.41		199.42	.002	245.44		.37
MEDICAL TRANSPORTATION	199	1,327		30,393.31		22.90	.077	152.73		1.77
AMBULANCES/AIR TRANS	177	1,129		27,806.92		24.63	.066	157.10		1.62
OTHER TRANS	4	75		213.29		2.84	.004	53.32		.01
OTHER SERVICES	21	123		2,373.10		19.29	.007	113.00		.14
ACUPUNCTURE	4	12		205.45		17.12 69.44	.001	51.36 777.90		.01
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN DHYSICAL THERADIST	109	123 12 1,221 4 2,700		84,791.29		69.44	.071	777.90		4.93
GENETIC DISEASE TESTING	4	4		420.00			.000	105.00		.02
IHMC, MODEL-NF, NF, AIDS, MSSP	22	2,700		85,335.22		31.61 .00	.157	3878.87		4.96
OCCUPATIONAL THERAPIST	0	79 <u>6</u>		.00		.00	.000	.00		.00
OPTICIAN	346	796		9,563.95		12.02	.046	27.64		.56
PHYSICAL THERAPIST	1	5 9		86.79		17.36 12.33	.000	86.79		.01
PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	5	5 9 163		110.95		12.33	.001	22.19		.01
PROSTHETIST/ORTHOTISTS	72	163		13,961.56		85.65	.009	193.91		.81
PROSTHETICS	72	163 0 0 45 366 0 29,966 0		13,961.56		85.65 .00	.009	193.91		.81
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	2.7	45		2,770.29		61.56 123.42	.003	102.60 3226.43		.16
HOSPICE SERVICES	14	366		45,170.05			.021	3226.43		2.63
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00 259.84 .00		.00
LOCAL EDUCATION AGENCIES	357	29,966		92,763.23		3.10	1.743	259.84		5.40
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0 0		.00		.00		.00		.00
PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS	0	121 005		.00		.00	.000	.00 151.35		.00
ALL OTHER PROVIDERS  @CALIF. CHILDREN SERVICES*  @XOVER EXCLUDING STATE HOSP**	577 221	131,027			Ċ	.67			4	5.08
@CALIF. CHILDREN SERVICES*	22I	9,967	\$	191,363.97			.580			11.13
@XUVER EXCLUDING STATE HOSP**	1,954	19,455	\$	279,925.02	\$	14.39	1.132	143.26	Ş	16.28

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 8,973 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

----- MONTHLY AVERAGE -----14,493 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 7,526 44,091 1,936,676.05 \$ 43.92 3.042 \$ 257.33 \$ 133.63 @PHYSICIANS SERVICES 3,637 8,675 301,714.61 34.78 .599 \$ 82.96 \$ 20.82 3,126 10.24 OUTPATIENT VISITS 4,360 148,414.64 34.04 .301 47.48 2,260 2,907 29.65 .201 38.13 OFFICE VISITS 86,178.50 5.95 HOME VISITS 0 .00 .000 .00 .00 0 .00 1,382 59,422.42 52.91 EMERGENCY ROOM 1,123 43.00 .095 4.10 4 174.94 43.74 .000 43.74 PREVENTIVE CARE 4 .01 OB VISITS/COMPRE PERI 14 26 1,503.78 57.84 .002 107.41 .10

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	38	41	1,135.00	27.68	.003	29.87	.08
INPATIENT VISITS	109	367	29,620.58	80.71	.025	271.75	2.04
HOSPITAL VISITS	103	271	14,073.82	51.93	.019	136.64	.97
CRITICAL CARE	16	96	15,546.76	161.95	.007	971.67	1.07
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	42	45	2,236.55	49.70	.003	53.25	.15
EXAMINATIONS	42	45	2,236.55	49.70	.003	53.25	.15
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	64	226	35,714.62	158.03	.016	558.04	2.46
PRINCIPAL SURGEON	46	49	29,411.10	600.23	.003	639.37	2.03
ASSISTANT SURGEON	6	6	939.81	156.64	.000	156.64	.06
ANESTHESIOLOGIST	21	171	5,363.71	31.37	.012	255.41	.37
OUTPATIENT SURGERY	264	448	29,275.88	65.35	.031	110.89	2.02
PRINCIPAL SURGEON	237	280	24,824.57	88.66	.019	104.75	1.71
ASSISTANT SURGEON	237	1	68.88	68.88	.000	68.88	.00
ASSISIANI SURGEON ANESTHESIOLOGIST	37	167	4,382.43	26.24	.012	118.44	.30
DIALYSIS	0	0	4,362.43	.00	.012	.00	.00
	384						
PATHOLOGY		511 931	5,305.58	10.38	.035	13.82	.37
RADIOLOGY	656		24,800.44	26.64	.064	37.81	1.71
PSYCHIATRY	1	1	32.98	32.98	.000	32.98	.00
IMMUNIZATION AND INJECTION		130	1,940.28	14.93	.009	27.33	.13
OTHER SERVICES/ALL X-OVERS	330	1,656	24,373.06	14.72	.114	73.86	1.68
@PHARMACY	3,556	11,378 \$	467,290.79	\$ 41.07	.785 \$		
PRESCRIPTION DRUGS	3,536	7,932	460,581.46	58.07	.547	130.25	31.78
SNF/ICF	3,556 3,536 1 3,536 51 784 573 95 74 4 5	6	124.10	20.68	.000	124.10	.01
OUTPATIENTS	3,536	7,926	460,457.36	58.09	.547	130.22	31.77
MEDICAL SUPPLIES	51	3,446	6,709.33	1.95	.238	131.56	.46
@DENTIST	784	3,536 \$		\$ 33.97	.244 \$		
VISITS - DIAGNOSTIC	573	2,212	37,045.80	16.75	.153	64.65	2.56
ORAL SURGERY	95	247	13,739.00	55.62	.017	144.62	.95
DRUGS	74	93	2,110.00	22.69	.006	28.51	.15
ANESTHESIA	4	4	400.00	100.00	.000	100.00	.03
PERIODONTICS	5	5	1,000.00	200.00	.000	200.00	.07
ENDODONTICS	62	123	14,781.00	120.17	.008	238.40	1.02
RESTORATIVE DENTISTRY	302	768	41,354.00	53.85	.053	136.93	2.85
PROSTHETICS	3	3	60.00	20.00	.000	20.00	.00
DENTURES, STAYPLATES	10	19	4,520.00	237.89	.001	452.00	.31
SPACE MAINTAINERS	13	12	2,271.00	189.25	.001	174.69	.16
MAXILLOFACIAL SERVICES	3	3	100.00	33.33	.000	33.33	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	25	30	2,675.00	89.17	.002	107.00	.18
ALL OTHER SERVICES	13	17	75.00	4.41	.001	5.77	.01
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES					PAGE 8,974
MOP024	FEE-FOR-SERVICE						01/29/04
NEVADA COUNTY		ICES FOR CGF 30-33	35 40 42 3A-3M 3P	3R 3II 3W 4C-4G			01/25/01
1.2 (1.2.1 0001.11	Solumet of Shirt	1010 1011 001 00 00	55 10 12 511 511 51	511 55 511 15 16		THLY AVERA	GE
14,493 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
11,130 111011110	32218	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	222	655 \$	15,341.73	\$ 23.42	.045 \$		
DIAGNOSTIC AND ANC. PROCED	178	178	8,391.89	47.15	.012	47.15	.58
DITIONODITE THE THE PROCED	1,0	170	0,351.05	17.13	.012	17.13	. 50

							OTA 1	TIIDI AVEKA	410	
14,493 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	222	655	\$ 15,341.73	\$	23.42	.045	\$	69.11	\$	1.06
DIAGNOSTIC AND ANC. PROCED	178	178	8,391.89		47.15	.012		47.15		.58
EYE APPLIANCES	171	476	6,938.43		14.58	.033		40.58		.48
OTHER OPTOMETRIC SERVICES	1	1	11.41		11.41	.000		11.41		.00
@CHIROPRACTOR	50	82	\$ 1,371.04	\$	16.72	.006	\$	27.42	\$	.09
VISITS	50	82	1,371.04		16.72	.006		27.42		.09
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	14	18	\$ 628.42	\$	34.91	.001	\$	44.89	\$	.04
MEDICINE/INJECTIONS	12	14	468.48		33.46	.001		39.04		.03
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	3	4	159.94		39.99	.000		53.31		.01

WILDON AND CHURCHON	17	103	Υ α	4,100.10	Υ ά	37.01	.007	Ä	243.03	ė,	. 2.7
NURSE ANESTHESIST	U	0	Ş	.00	Ş	.00	.000	\$	.00	Ş	.00
NURSE MIDWIFE	3	8	Ş	165.68	\$	20.71	.001		55.23		.01
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000		.00	\$	.00
FAMILY NURSE PRACTITIONER	88	111	\$		\$	24.42	.008	\$	30.81	\$	.19
@TOTAL HOSPITAL	1,919	7,906	\$	748,894.27	\$	94.72	.546	\$	390.25	\$	51.67
HOSP INPATIENT TOTAL	89	424		554,013.17		1306.63	.029		6224.87		38.23
HSC HOSPITALS	19	199		255,321.03		1283.02	.014		13437.95		17.62
NON-HSC HOSPITAL TOTAL	71	225		298,692.14		1327.52	.016		4206.93		20.61
ACCOMMODATIONS	71	225		84,701.45		376.45	.016		1192.98		5.84
	0	0									
ADMINISTRATIVE DAYS	-			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	71	225		84,701.45		376.45	.016		1192.98		5.84
ANCILLARIES	71	0		213,990.69		.00	.000		3013.95		14.77
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0 1,883 194	7,482		194,881.10		26.05	.516		103.50		13.45
MEDICAL	194	249		11,775.76		47.29	.017		60.70		.81
SURGERY	191	203		4,546.15		22.39	.014		23.80		.31
	690	2,341		29,402.90		12.56	.162		42.61		2.03
PATHOLOGY											
RADIOLOGY	496	634		32,855.66		51.82	.044		66.24		2.27
ROOM USE	1,384	1,776		69,262.14		39.00	.123		50.04		4.78
CROSSOVERS/ALL OTH OUTPTNT	804	2,279		47,038.49		20.64	.157		58.51		3.25
@COUNTY HOSPITAL TOTAL	7	39	\$	1,194.38	\$	30.63	.003	\$	170.63	\$	.08
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	Ő	0		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		
TRANSITIONAL IP CARE	0	0				.00					.00
ALL OTHER ACCOM	U	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	7	39		1,194.38		30.63	.003		170.63		.08
MEDICAL	3	3		189.53		63.18	.000		63.18		.01
SURGERY	2	3		454.24		151.41	.000		227.12		.03
PATHOLOGY	1	6		43.32		7.22	.000		43.32		.00
RADIOLOGY	3	5		126.38		25.28	.000		42.13		.01
ROOM USE	6	7		235.29		33.61	.000		39.22		.02
	4	15		145.62		9.71	.001		36.41		
CROSSOVERS/ALL OTH OUTPTNT			- N/C					חחס		ъ.	.01
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	S MC	DNIH-OF-PAYMENI RE	EPORT	FOR JAN 2	2003 THRU	DEC	2003	P	AGE 8,975
MOP024	FEE-FOR-SERVICE				_						01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR CGF 30-3	33 35	5 40 42 3A-3M 3P 3	3R 3U	3W 4C-4G					
									HLY AVERA		
14,493 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER	(	COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	]	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,914	7,867	\$	747,699.89	\$	95.04	.543	\$	390.65	\$	51.59
COMM HOSP INPATIENT TOTAL	89	424	•	554,013.17	•	1306.63	.029	•	6224.87	•	38.23
HSC HOSPITALS	19	199		255,321.03		1283.02	.014		13437.95		17.62
	71						.016		4206.93		20.61
NON-HSC HOSPITALS TOTAL	71	225		298,692.14		1327.52					
ACCOMMODATIONS		225		84,701.45		376.45	.016		1192.98		5.84
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	71	225		84,701.45		376.45	.016		1192.98		5.84
ANCILLARIES	71	0		213,990.69		.00	.000		3013.95		14.77
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,878	7,443		193,686.72		26.02	.514		103.13		13.36
MEDICAL	191	246		11,586.23		47.10	.017		60.66		.80
111210111	± / ±	210		11,300.23		17.10	. 0 ± /		00.00		.00

105 \$ 4,180.16 \$ 39.81

.007 \$ 245.89 \$ .29

@HOME HEALTH AGENCY

17

SURGERY PATHOLOGY RADIOLOGY ROOM USE	189 689 493 1,379	200 2,335 629 1,769	4,091.91 29,359.58 32,729.28 69,026.85	20.46 12.57 52.03 39.02	.014 .161 .043 .122	21.65 42.61 66.39 50.06	.28 2.03 2.26 4.76
CROSSOVERS/ALL OTH OUTPTNT	801	2,264	46,892.87	20.71	.156	58.54	3.24
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	215	573	\$	9,970.31	\$	17.40	.040	\$	46.37	\$	.69
PATHOLOGY	215	573		9,970.31		17.40	.040		46.37		.69
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	852	1,574	\$	194,348.65	\$	123.47	.109	\$	228.11	\$	13.41
CLINIC	126	437		11,288.36		25.83	.030		89.59		.78
SURGICENTER	7	41		1,238.33		30.20	.003		176.90		.09
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	731	1,096		181,821.96		165.90	.076		248.73		12.55
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDIT	TURES	MONTH-OF-PAYMENT I	REPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 8,976
MOP024	FEE-FOR-SERVICE/DENTA	ΑL									01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES I	FOR CGF	30-33	35 40 42 3A-3M 3P	3R 3t	J 3W 4C-40	3				

----- MONTHLY AVERAGE -----14,493 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER FLIGIBLE 69,928.69 \$ 7.38 .653 \$ 74.23 \$ 4.82 @ALL OTHER PROVIDERS 942 9,470 \$
20 36
0 0
0 0
67 540
66 534
0 0
6 6
0 0
0 0
0 0
165 352
0 0
0 0 942 9,470 \$ DURABLE MED. EQUIP. .11 BLOOD BANK .00 HEARING AID DISPENSERS .00 MEDICAL TRANSPORTATION 1.63 AMBULANCES/AIR TRANS OTHER TRANS .00 .75 OTHER SERVICES ACUPUNCTURE .00 ADULT DAY HEALTH CARE CTR .00 GENETIC DISEASE TESTING .07 IHMC, MODEL-NF, NF, AIDS, MSSP .00 OCCUPATIONAL THERAPIST .00 OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY .00 PROSTHETIST/ORTHOTISTS .15 PROSTHETICS .14 ORTHOTICS .01 PSYCHOLOGIST .00 SPEECH AND AUDIOLOGY .41 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 RESPIRATORY CARE PRACT. .00 PED SUBACUTE REHAB/WEANING .00 ALL OTHER PROVIDERS 6 3,587

@CALIF. CHILDREN SERVICES\* 77 2,254 \$

@XOVER EXCLUDING STATE HOSP\*\* 2 2 \$ .07 17.31 .00

PAGE 8,977 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 01/29/04 MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	USERS  22,880 8,394 5,753 4,187 6 2,000 4 16										
34,884 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		3 (			COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	22,880		5	12,789,742.05	\$	26.90	13.631		558.99		366.64
@PHYSICIANS SERVICES	8,394		5	848,435.46	\$	33.13	.734	\$	101.08	\$	24.32
OUTPATIENT VISITS	5,753	8,471		300,545.80		35.48	.243		52.24		8.62
OFFICE VISITS	4,187	5,602		166,372.28		29.70	.161		39.74		4.77
HOME VISITS	6	6		314.70		52.45	.000		52.45		.01
EMERGENCY ROOM	2,000	2,605		125,545.63		48.19	.075		62.77		3.60
PREVENTIVE CARE OB VISITS/COMPRE PERI	4	4		174.94		43.74	.000		43.74		.01
OB VISITS/COMPRE PERI	16	29		1,748.78		60.30	.001		109.30		.05
OTHER OUTPATIENT	213	225		6,389.47		28.40	.006		30.00		.18
INPATIENT VISITS	213 335	1,261		73,083.38		57.96	.036		218.16		2.10
HOSPITAL VISITS	296	993		43,967.75		44.28	.028		148.54		1.26
CRITICAL CARE	31	190		26,712.40		140.59	.005		861.69		.77
SNF/ICF/TRANS IP CARE	34	78		2,403.23		30.81	.002		70.68		.07
OPHTHALMOLOGICAL SERVICES	130	140		6,291.35		44.94	.004		48.40		.18
EXAMINATIONS	130	140		6,291.35		44.94	.004		48.40		.18
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
	161	920		90,321.97		98.18	.026		561.01		2.59
INPATIENT HOSPITAL SURGERY											
PRINCIPAL SURGEON	116	171		69,957.82		409.11	.005		603.08		2.01
ASSISTANT SURGEON	21	22		4,208.55		191.30	.001		200.41		.12
ANESTHESIOLOGIST	57	727		16,155.60		22.22	.021		283.43		.46
OUTPATIENT SURGERY	582	1,232		85,109.61		69.08	.035		146.24		2.44
PRINCIPAL SURGEON	518	612		70,856.04		115.78	.018		136.79		2.03
ASSISTANT SURGEON	3	3		449.34		149.78	.000		149.78		.01
ANESTHESIOLOGIST	90	617		13,804.23		22.37	.018		153.38		.40
DIALYSIS	30	77		8,529.20		110.77	.002		284.31		.24
PATHOLOGY	734	1,056		15,802.32		14.96	.030		21.53		.45
RADIOLOGY	57 582 518 3 90 30 734 1,672	2,747		94,760.86		34.50	.079		56.68		2.72
PSYCHIATRY	_	1		32.98		32.98	.000		32.98		.00
IMMUNIZATION AND INJECTION	191	717		15,746.12		21.96	.021		82.44		.45
OTHER SERVICES/ALL X-OVERS	2,503	8,988		158,211.87		17.60	.258		63.21		4.54
@PHARMACY	2,503 16,573 16,422		5		\$		5.806	\$	403.89	\$	191.88
PRESCRIPTION DRUGS	16,422	64,617		6,570,661.67		101.69	1.852		400.11		188.36
SNF/ICF	327	2,299		186,185.70		80.99	.066		569.38		5.34
OUTPATIENTS	16,162	62,318		6,384,475.97		102.45	1.786		395.03		183.02
MEDICAL SUPPLIES	892	137,923		123,034.89		.89	3.954		137.93		3.53
@DENTIST	1,602	6,785	5	278,305.29	\$	41.02	.195	\$	173.72	\$	7.98
VISITS - DIAGNOSTIC	1,104	3,981		63,865.44		16.04	.114		57.85		1.83
ORAL SURGERY	226	642		32,897.00		51.24	.018		145.56		.94
DRUGS	79	98		2,185.00		22.30	.003		27.66		.06
ANESTHESIA	12	12		1,200.00		100.00	.000		100.00		.03
PERIODONTICS	36	46		7,336.00		159.48	.001		203.78		.21
ENDODONTICS	111	213		30,542.00		143.39	.006		275.15		.88
RESTORATIVE DENTISTRY	569	1,485		96,457.60		64.95	.043		169.52		2.77
PROSTHETICS	13	12		320.00		26.67	.000		24.62		.01
DENTURES, STAYPLATES	93	202		37,926.00		187.75	.006		407.81		1.09
SPACE MAINTAINERS	13	12		2,271.00		189.25	.000		174.69		.07
MAXILLOFACIAL SERVICES	6	6		450.25		75.04	.000		75.04		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	27	32		2,780.00		86.88			102.96		.08
ALL OTHER SERVICES	32	44		75.00		1.70	.001		2.34		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	י ד		יםרחים					D	AGE 8,978
MOP024	FEE-FOR-SERVICE		5 I	MONTH-OF-PAIMENT R	EPOR	I FOR UAN .	2003 IRO I	)EC	2003	Ρ.	01/29/04
			יחיד	TOTAT							01/29/04
NEVADA COUNTY	SUMMAKY OF SERV	VICES FOR CASH GRAN	ИT.	- IUIAL			***	\ <b>\</b> T		ar.	
24 004 ELIGIDIEG	HOEDC	INITED OF CERTIFICE			71 77		MC				
34,884 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
@ODEOMEED I GE	C00	OR DAYS OF CARE	4	20 754 45		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	608	1,784	7	•	\$		.051	Ş	65.39	Ş	1.14
DIAGNOSTIC AND ANC. PROCED	323	323		15,096.15		46.74	.009		46.74		.43

EYE APPLIANCES	500	1,402	23,355.61	16.66	.040	46.71	.67
EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST	42	59	1,302.69	22.08	.002	31.02	.04
@CHIROPRACTOR	162	261 \$	4,281.12		.007 \$	26.43	
VISITS	148	238	3,937.56	16.54	.007	26.61	.11
OTHER SERVICES	14	23	343.56	14.94	.001	24.54	.01
@PODIATRIST	163	223 \$	3,407.90		.006 \$	20.91	\$ .10
MEDICINE/INJECTIONS	35	53	1,570.23	29.63	.002	44.86	.05
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.00
OTHER	130	168	1,803.07	10.73	.005	13.87	.05
@HOME HEALTH AGENCY	113	1,614 \$	67,127.59	\$ 41.59	.046 \$	594.05	
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	5	73 \$	232.97		.002 \$	46.59	\$ .01
NURSE MIDWIFE	5	10 \$ 0 \$ 219 \$ 24,946 \$	228.02	\$ 22.80	.000 \$		\$ .01
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	
FAMILY NURSE PRACTITIONER	164	219 \$	5,447.90 2,737,519.68 2,165,966.61	\$ 24.88	.006 \$	33.22	\$ .16
@TOTAL HOSPITAL	5,229	24,946 \$	2,737,519.68	\$ 109.74	.715 \$	523.53	
HOSP INPATIENT TOTAL	443	1,949	2,165,966.61	1111.32 1224.40	.056	4889.32	62.09
HSC HOSPITALS	77	693	848,510.92	1224 40	.020	11019.62	24.32
NON-HSC HOSPITAL TOTAL	213	734	1,195,184.27	1628.32	.021	5611.19	34.26
ACCOMMODATIONS	213	734	308,774.12	1628.32 420.67 465.35	.021	1449.64	8.85
ADMINISTRATIVE DAYS	6	52	24,198.11	465.35	.001	4033.02	.69
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	210	682	284,576.01	417.27	.020	1355.12	8.16
ANCILLARIES	213	0	886,410.15	.00	.000	4161.55	25.41
INPATIENT CROSSOVERS	162	522	122,271.42	234.24	.015	754.76	3.51
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,965	22,997	571,553.07	24.85	.659	115.12	16.38
MEDICAL	567	798	31,820.38	39.88	.023	56.12	.91
SURGERY	406	431	11,146.05	25.86	.012	27.45	.32
PATHOLOGY	1,85/	7,390	90,292.18	12.22	.212	48.62	2.59
NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	1,2/1	1,776	131,828.79	74.23	.051	103.72	3.78
ROOM USE	2,633	3,636	144,261.32	39.68	.104	54.79	4.14
CRUSSOVERS/ALL OIH OUIPINI	2, <del>4</del> 28	8,966	162,204.35 1,733.58	18.09 \$ 27.52	.257 .002 \$	66.81 108.35	4.65 \$.05
@COUNTY HOSPITAL TOTAL	1.0	63 \$ 0	1,733.58	\$ 27.52 .00	.002 \$	.00	\$ .05 .00
UCC UCCDITAL C	0	0	.00	.00	.000	.00	.00
NON_UCC UOCDITALO TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS  ADMINITCHDATIVE DAVC	0	0	.00	.00	.000	.00	.00
TRANSITTIONAL ID CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	Û	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	16	63	1,733.58	27.52	.002	108.35	.05
MEDICAL	5	5	320.84	64.17	.000	64.17	.01
SURGERY	2	3	454.24	151.41	.000	227.12	.01
PATHOLOGY	4	12	139.27	11.61	.000	34.82	.00
RADIOLOGY	5	7	191.24	27.32	.000	38.25	.01
ROOM USE	10	11	386.55	35.14	.000	38.66	.01
CROSSOVERS/ALL OTH OUTPTNT	9	25	241.44	9.66	.001	26.83	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 8,979
MOP024	FEE-FOR-SERVICE	I/DENTAL					01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR CASH GRANT	' - TOTAL				
					MONT		
34,884 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	_	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,219	24,883 \$	2,735,786.10	\$ 109.95	.713 \$	524.20	
COMM HOSP INPATIENT TOTAL	443	1,949	2,165,966.61	1111.32	.056	4889.32	62.09
HSC HOSPITALS	77	693	848,510.92	1224.40	.020	11019.62	24.32

NON-HSC HOSPITALS TOTAL	213	734		1,195,184.27		1628.32	.021		5611.19		34.26
ACCOMMODATIONS	213	734		308,774.12		420.67	.021		1449.64		8.85
ADMINISTRATIVE DAYS	6	52		24,198.11		465.35	.001		4033.02		.69
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	210	682		284,576.01		417.27	.020		1355.12		8.16
ANCILLARIES	213	0		886,410.15		.00	.000		4161.55		25.41
	162	522		122,271.42		234.24	.015		754.76		3.51
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4,954	22,934		569,819.49		24.85	.657		115.02		16.33
MEDICAL	562	793		31,499.54		39.72	.023		56.05		.90
SURGERY	404	428		10,691.81		24.98	.012		26.46		.31
PATHOLOGY	1,853	7,378		90,152.91		12.22	.212		48.65		2.58
RADIOLOGY	1,266	1,769		131,637.55		74.41	.051		103.98		3.77
	2,624	3,625				39.69	.104		54.83		4.12
ROOM USE	2,024	•		143,874.77							
CROSSOVERS/ALL OTH OUTPTNT	2,421	8,941	4	161,962.91	d	18.11	.256	4	66.90	4	4.64
@STATE HOSPITAL	0 0 0 198 0 1	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	U	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	198	4,825	\$	679,834.71	\$	140.90	.138	\$	3433.51	\$	19.49
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
	1	21		2,539.53		120.93	.001		2539.53		.07
LEV B-SUBACUTE FREESTANDING	5	124		42,763.88		344.87	.004		8552.78		1.23
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0 0 192 2	4,680		634,531.30		135.58	.134		3304.85		18.19
@INTERMEDIATE CARE FACILDD	2	208	\$	38,020.32	\$	182.79	.006	\$	19010.16	\$	1.09
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	2	208		38,020.32		182.79	.006		19010.16		1.09
@HEMODIALYSIS TOTAL	111	3,318	\$	124,860.38	\$	37.63	.095		1124.87	\$	3.58
HOSPITAL BASED	0	. 0	•	.00	·	.00	.000	·	.00		.00
HEMODIALYSIS CENTER	111	3,318		124,860.38		37.63	.095		1124.87		3.58
	4.0	726	\$	10,048.24	\$	13.84	.021	Ś	239.24	Ś	.29
HOSPITAL BASED	3	6	τ.	329.04	Υ	54.84	.000	Υ	109.68	Ψ.	.01
INDEPENDENT FACILITY	39	720		9,719.20		13.50	.021		249.21		.28
@I.ARORATORY FACTI.TTY	516	1,993	\$	30,732.60	\$	15.42	.057	Ś	59.56	Ś	.88
DATHOLOGY	511	1,982	٧	30,146.88	Υ	15.21	.057	Υ	59.00	٧	.86
@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER	511	11		585.72		53.25	.000		117.14		.02
@ODCANIZED OUTDATTENT CLINIC	2 107	3,804	\$	463,396.45	\$	121.82	.109	\$	210.92	Ġ	13.28
@OKGANIZED OUTFAITENT CHINIC	170	541	Ą	13,587.80	Ą	25.12	.016	Ą	76.34	Ą	.39
SURGICENTER	18	80		2,694.93		33.69	.002		149.72		.08
	3	46				11.86					
HEROIN DETOX CLINIC				545.67			.001		181.89		.02
RURAL HEALTH CLINIC	2,017	3,137	TC M	446,568.05		142.36	.090	חחמ	221.40	_	12.80
			ES M	ONTH-OF-PAYMENT RE	EPOR.I	FOR JAN	2003 THRU	DEC	2003	F	AGE 8,980
	FEE-FOR-SERVICE			moma r							01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR CASH GR	ANT.	- TOTAL				0.TT		<b>~</b> =	
24 004 51 5655 56	HARRA					D. A.C	M				
34,884 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
	3,190	OR DAYS OF CARE		564 410 41			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	3,190	196,568	\$	764,412.41	\$	3.89	5.635	\$	239.63	Ş	21.91
DURABLE MED. EQUIP.	263	1,093		134,057.89		122.65	.031		509.73		3.84
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	48 283 253	60		10,895.34		181.59	.002		226.99		.31
MEDICAL TRANSPORTATION	283	2,068		58,404.84		28.24	.059		206.38		1.67
AMBULANCES/AIR TRANS	253	1,796		42,941.62		23.91	.051		169.73		1.23
OMITED EDANG	_	100		201 25		0 01	000		40 FC		0.1

100

172

12

13

1,913

35

4

170

13

OTHER TRANS OTHER SERVICES

ADULT DAY HEALTH CARE CTR

GENETIC DISEASE TESTING

ACUPUNCTURE

291.35

15,171.87

205.45 132,880.97

1,365.00

2.91

88.21

17.12

69.46

105.00

.003

.005

.000

.055

.000

48.56

433.48

781.65

105.00

51.36

.01

.43

.01

3.81

.04

IHMC, MODEL-NF, NF, AIDS, MSSP	22	2,700	85,335.22	31.61	.077	3878.87	2.45
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	568	1,267	14,157.68	11.17	.036	24.93	.41
PHYSICAL THERAPIST	1	5	86.79	17.36	.000	86.79	.00
PORTABLE X-RAY	9	22	125.55	5.71	.001	13.95	.00
PROSTHETIST/ORTHOTISTS	100	220	20,574.39	93.52	.006	205.74	.59
PROSTHETICS	98	218	20,434.76	93.74	.006	208.52	.59
ORTHOTICS	2	2	139.63	69.82	.000	69.82	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	44	83	9,928.09	119.62	.002	225.64	.28
HOSPICE SERVICES	15	376	46,321.41	123.20	.011	3088.09	1.33
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,071	39,955	144,601.89	3.62	1.145	135.02	4.15
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS 779 146,781 105,471.90 .72 4.208 135.39 3.02 @CALIF. CHILDREN SERVICES\* 338 13,911 \$ 503,409.15 \$ 36.19 .399 \$ 1489.38 \$ 14.43 @XOVER EXCLUDING STATE HOSP\*\* 2,775 27,547 \$ 417,119.42 \$ 15.14 .790 \$ 150.31 \$ 11.96

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 8,981 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 NEVADA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

NEVADA COUNTY	SUMMARY OF SERV	VICES FOR 185% PROGRAM	- INFANTS	AID CODES 47	69		. , . , .
					MON'	THLY AVERAG	E
1,379 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
1,0.0 22101222	02210	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	444	2,722 \$	52,073.75	\$ 19.13	1.974 \$		\$ 37.76
@PHYSICIANS SERVICES	268	495 \$	15,796.95	\$ 31.91	.359 \$		\$ 11.46
OUTPATIENT VISITS	238	355	10,770.54	30.34	.257	45.25	7.81
						39.70	
OFFICE VISITS	186	266	7,384.89	27.76	.193		5.36
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	73	89	3,385.65	38.04	.065	46.38	2.46
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	19	42	2,040.20	48.58	.030	107.38	1.48
HOSPITAL VISITS	18	39	1,621.60	41.58	.028	90.09	1.18
CRITICAL CARE	1	3	418.60	139.53	.002	418.60	.30
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.001	57.79	.04
EXAMINATIONS	1	1	57.79	57.79	.001	57.79	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	41.65	41.65	.001	41.65	.03
PRINCIPAL SURGEON	1	1	31.65	31.65	.001	31.65	.02
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	Ö	10.00	.00	.000	.00	.01
OUTPATIENT SURGERY	10	25	1,769.83	70.79	.018	176.98	1.28
	9	10	1,769.83	131.88	.018	146.53	.96
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	15					
ANESTHESIOLOGIST	3		451.04	30.07	.011	150.35	.33
DIALYSIS	Ü	0	.00	.00	.000	.00	.00
PATHOLOGY	5	5	18.07	3.61	.004	3.61	.01
RADIOLOGY	23	29	413.53	14.26	.021	17.98	.30
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	9	86.84	9.65	.007	28.95	.06
OTHER SERVICES/ALL X-OVERS	22	28	598.50	21.38	.020	27.20	.43
@PHARMACY	193	1,791 \$	9,602.86	\$ 5.36	1.299 \$		\$ 6.96
PRESCRIPTION DRUGS	189	267	7,294.12	27.32	.194	38.59	5.29
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	189	267	7,294.12	27.32	.194	38.59	5.29
MEDICAL SUPPLIES	5	1,524	2,308.74	1.51	1.105	461.75	1.67
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	Ô	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
	0	0					
DENTURES, STAYPLATES	U	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	U	U	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	U	U	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	Ü	0	.00	.00	.000	.00	.00

ORTHODONTIC SERVICES ALL OTHER SERVICES

0 0

.00 .00

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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.00 .00 PAGE 8,982

01/29/04

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#CALIF DEPT OF HEALTH SERV MOP024

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

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	FEE-FOR-SERVICE/DENTAL		1050 55	00011	T.T.T. 3.T.T.C		D GODEG 45	60				01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FO	)R	185% PR	OGRAM -	- INFANTS	AI.	D CODES 47					
								M			GE.	
1,379 ELIGIBLES			SERVICE		EXPENDITURES		ERAGE COST					COST PER
	OR DA	AYS	OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0 0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	Ġ	.00	Ś	.00
VISITS	0		0	'	.00		.00	.000		.00		.00
OTHER SERVICES	0		Ö		.00		.00	.000		.00		.00
@PODIATRIST	0		Ö	\$		\$	.00	.000	Ś	.00		.00
MEDICINE/INJECTIONS	0		Ö	٧	.00	٧	.00	.000	Ψ.	.00	٧	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0				.00		.00	.000		.00		
OTHER	0		0	<b>.</b>		4			4		4	.00
@HOME HEALTH AGENCY	0		0 0 2 0	\$ \$ \$ \$	.00	Ş	.00	.000	Ş	.00		.00
NURSE ANESTHESIST	0		0	Ş	.00	Ş	.00	.000	Ş	.00		.00
NURSE MIDWIFE	2		2	Ş	81.82	Ş	40.91	.001	Ş	40.91		.06
PEDIATRIC NURSE PRACTITIONER	0 0 0 0 0 2 0 1			Ş	.00 24.98 24,416.54	Ş	.00	.000	Ş	.00	Ş	.00
FAMILY NURSE PRACTITIONER	1		1	\$	24.98	\$	24.98	.001	\$	24.98	\$	.02
@TOTAL HOSPITAL	142		399	\$	24,416.54	\$	61.19		\$	171.95	\$	17.71
HOSP INPATIENT TOTAL	4		9		14,198.45		1577.61	.007		3549.61		10.30
HSC HOSPITALS	2		4		5,120.00		1280.00	.003		2560.00		3.71
NON-HSC HOSPITAL TOTAL	2		5		9,078.45		1815.69	.004		4539.23		6.58
ACCOMMODATIONS	2		5		3,593.64		1577.61 1280.00 1815.69 718.73	.004		1796.82		2.61
ADMINISTRATIVE DAYS	0		0					.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2 2 2 0 0 2 2		4 5 5 0 0 5 0		3,593.64		.00 718.73 .00	.004		1796.82		2.61
ANCTLLARIES	2		0		5,484.81		.00	.000		2742.41		3.98
INPATIENT CROSSOVERS	0 0 139 49		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		0.0		.00
HOSP OUTPATIENT TOTAL	139		390		10,218.09		26.20	.283		73.51		7.41
MEDICAL	49		62		2,189.04		35.31	.045		44.67		1.59
SURGERY	3		6		219.53		36.59	.004		73.18		.16
PATHOLOGY	39		84		841.17		10.01	.061		21.57		.61
RADIOLOGY	20		21		604 70		20 75	.015		31.24		.45
ROOM USE			156		5,301.93		33.99	.113		45.32		3.84
CROSSOVERS/ALL OTH OUTPTNT	117 44		61		1,041.63		17.08	.044		23.67		.76
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000		.00	Ġ	.00
CO HOSPITAL INPATIENT TOTAL	0		0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0									
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0				.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	U		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .000 .00

.00 PAGE 8,983 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 NEVADA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 185% F	ROGRAM	- INFANTS	AID	CODES 47					
							M				
1,379 ELIGIBLES	USERS	UNITS OF SERVICE	E.	EXPENDITURES	AVEI	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	142	399	\$	24,416.54	\$	61.19	.289	\$	171.95	\$	17.71
COMM HOSP INPATIENT TOTAL	4	9	·	14,198.45		1577.61	.007		3549.61		10.30
HSC HOSPITALS	2	4		5,120.00		1280.00	.003		2560.00		3.71
NON-HSC HOSPITALS TOTAL	2	5		9,078.45		1815.69	.004		4539.23		6.58
	2	2		3,593.64		718.73	.004		1796.82		2.61
ACCOMMODATIONS	0	5									
ADMINISTRATIVE DAYS	U	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	5		3,593.64		718.73	.004		1796.82		2.61
ANCILLARIES	2	0		5,484.81		.00	.000		2742.41		3.98
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	139	390		10,218.09		26.20	.283		73.51		7.41
MEDICAL	49	62		2,189.04		35.31	.045		44.67		1.59
SURGERY	3	6		219.53		36.59	.004		73.18		.16
PATHOLOGY	39	84		841.17		10.01	.061		21.57		.61
RADIOLOGY	20	21		624.79		29.75	.015		31.24		.45
	117	156				33.99			45.32		3.84
ROOM USE				5,301.93			.113				
CROSSOVERS/ALL OTH OUTPTNT		61		1,041.63	4.	17.08	.044	4.	23.67	4.	.76
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ş	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
	0	0	4		4			4		4	
@INTERMEDIATE CARE FACILDD	U		\$	.00	\$	.00	.000	Ş		\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	Ġ		\$	.00
HOSPITAL BASED	0	0	т.	.00	т.	.00	.000	т.	.00	т.	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	3	\$	21.37	ċ.	7.12	.002	Ġ	21.37	ċ.	.02
	1		Ą		Ą	7.12		Ą		Ą	.02
PATHOLOGY	1	3		21.37			.002		21.37		
XO AND OTHERS	Ü	0		.00		.00	.000		.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	6	7	\$	1,152.53	\$	164.65	.005	\$		\$	.84
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6	7		1,152.53		164.65	.005		192.09		.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MOI		EPORT	FOR JAN 2	2003 THRU	DEC	2003	F	AGE 8,984
MOP024	FEE-FOR-SERVICE										01/29/04
NEVADA COUNTY		ICES FOR 185% F	ROCP M	- INFANTS	Z T D	CODES 47	69				01,20,01
MINUDA COOMIT	POLITICITY OF PERI	TODO LOW TODGE	TOGICAN	TIME WINT D	AID	CODE T/	M	ستلات	יעם <i>אוו</i> יס אוויי	CF	
1 270 FITCIDIES	HOEDO	IINITE OF CERTIC	ı Er	EXPENDITURES	7\ 7.77.77						
1,379 ELIGIBLES	USERS	UNITS OF SERVIC		FYLFNUTIOKES			UNITS/DAY				COST PER
ONLI OMURD DDOUTDEDS	0	OR DAYS OF CAR		006.00			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	8	24	\$	976.70	\$	40.70	.017	Ş	122.09	Ş	.71

DURABLE MED. EQUIP.	2	4		564.69	141.1	7 .003	282.35	.41
BLOOD BANK	0	0		.00	.00			.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	4		238.79	59.70	.003	79.60	.17
AMBULANCES/AIR TRANS	3	4		238.79	59.70	.003	79.60	.17
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	4		98.94	24.7	1 .003	98.94	.07
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	12		74.28	6.19	.009	37.14	.05
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	9	1,557	\$	3,565.32	\$ 2.29		•	\$ 2.59
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE	INFORMATION	TTEM ONLY;					

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 8,985
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

NEVADA COUNTI	SUMMANT OF SER	VICED LOW TOD'S ENOGIVAIN	- FILEGUANI A.	TD CONTO 44 40	<b>1</b> 2		
					MC	NTHLY AVERA	GE
1,966 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,202	8,052 \$	756,502.75	\$ 93.95	4.096	\$ 629.37	\$ 384.79
@PHYSICIANS SERVICES	592	1,726 \$	133,722.61	\$ 77.48	.878	\$ 225.88	\$ 68.02
OUTPATIENT VISITS	245	326	19,570.24	60.03	.166	79.88	9.95
OFFICE VISITS	119	143	4,916.94	34.38	.073	41.32	2.50
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	68	77	4,205.53	54.62	.039	61.85	2.14
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	76	106	10,447.77	98.56	.054	137.47	5.31
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	103	214	12,561.13	58.70	.109	121.95	6.39
HOSPITAL VISITS	100	187	8,189.29	43.79	.095	81.89	4.17
CRITICAL CARE	6	27	4,371.84	161.92	.014	728.64	2.22
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	115	472	76,051.75	161.13	.240	661.32	38.68
PRINCIPAL SURGEON	81	87	66,330.38	762.42	.044	818.89	33.74
ASSISTANT SURGEON	10	10	1,818.38	181.84	.005	181.84	.92
ANESTHESIOLOGIST	34	375	7,902.99	21.07	.191	232.44	4.02
OUTPATIENT SURGERY	82	136	8,494.81	62.46	.069	103.60	4.32
PRINCIPAL SURGEON	77	102	7,271.53	71.29	.052	94.44	3.70

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	20	34	1,223.28	35.98	.017	61.16	.62
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	115	208	2,197.49	10.56	.106	19.11	1.12
RADIOLOGY	170	204	7,751.96	38.00	.104	45.60	3.94
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	44	99	2,053.06	20.74	.050	46.66	1.04
OTHER SERVICES/ALL X-OVERS	47	67	5,042.17	75.26	.034	107.28	2.56
@PHARMACY	286	451	\$ 13,157.19	\$ 29.17	.229	\$ 46.00	\$ 6.69
PRESCRIPTION DRUGS	279	418	11,315.42	27.07	.213	40.56	5.76
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	279	418	11,315.42	27.07	.213	40.56	5.76
MEDICAL SUPPLIES	18	33	1,841.77	55.81	.017	102.32	.94
@DENTIST	5	21	\$ 310.00	\$ 14.76	.011	\$ 62.00	\$ .16
VISITS - DIAGNOSTIC	4	7	40.00	5.71	.004	10.00	.02
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00		.00	.000		.00		.00
ANESTHESIA	0	0	.00		.00	.000		.00		.00
PERIODONTICS	0	0	.00		.00	.000		.00		.00
ENDODONTICS	1	2	.00		.00	.001		.00		.00
RESTORATIVE DENTISTRY	3	12	270.00		22.50	.006		90.00		.14
PROSTHETICS	0	0	.00		.00	.000		.00		.00
	0	0	.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0								
SPACE MAINTAINERS	0	0	.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	Ü	0	.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0	.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES MO	NTH-OF-PAYMENT F	REPOR	T FOR JAN 2	2003 THRU I	DEC	2003	P	AGE 8,986
MOP024	FEE-FOR-SERVICE	DENTAL								01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM	I - PREGNANT A	AID C	ODES 44 48	49				
						MC	TNC	HLY AVERA	GE ·	
1,966 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	S (	COST PER	(	COST PER
_,	0.0	OR DAYS OF CARE			R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$	.00	.000	Ġ	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0									
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	Ü	0	.00		.00	.000	_	.00	_	.00
@CHIROPRACTOR	0	0 \$	.00	\$	.00	.000	Ş	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0 \$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	6	8 \$	419.96	\$	52.50	.004	\$	69.99	\$	.21
NURSE ANESTHESIST	0	0 \$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	21	83 \$	7,407.24	Š	89.24	.042	\$	352.73	Š	3.77
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	Š	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	Õ	0 \$	.00	Ġ	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	632	5,016 \$	570,977.66	\$	113.83		\$	903.45	\$	290.43
	105	· · · · · · · · · · · · · · · · · · ·		Ą			Ą	4487.52	Ą	239.67
HOSP INPATIENT TOTAL		407	471,189.75		1157.71	.207				
HSC HOSPITALS	8	34	47,364.04		1393.06	.017		5920.51		24.09
NON-HSC HOSPITAL TOTAL	98	373	423,825.71		1136.26	.190		4324.75		215.58
ACCOMMODATIONS	98	373	144,538.66		387.50	.190		1474.88		73.52
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	98	373	144,538.66		387.50	.190		1474.88		73.52
ANCILLARIES	98	0	279,287.05		.00	.000		2849.87		142.06
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	589	4,609	99,787.91		21.65	2.344		169.42		50.76
MEDICAL	17	18	482.08		26.78	.009		28.36		.25
SURGERY	29	36	1,020.53		28.35	.018		35.19		.52
PATHOLOGY	343	1,197	15,612.36		13.04	.609		45.52		7.94
RADIOLOGY	80	84	5,954.87		70.89	.043		74.44		3.03
ROOM USE	383	712	22,672.16		31.84	.362		59.20		11.53
CROSSOVERS/ALL OTH OUTPTNT	372	2,562	54,045.91		21.10	1.303		145.28		27.49
				ė.			4		۲,	
@COUNTY HOSPITAL TOTAL	1	18 \$	672.62	\$	37.37		\$	672.62	Ą	.34
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00

ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0									.00
ALL OTHER INPATIENT	0	10		.00		.00	.000		.00		
CO HOSP OUTPATIENT TOTAL	1	18		672.62		37.37	.009		672.62		.34
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	2		59.22		29.61	.001		59.22		.03
PATHOLOGY	1	9		162.49		18.05	.005		162.49		.08
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	3		218.54		72.85	.002		218.54		.11
	1	3				58.09	.002		232.37		.12
CROSSOVERS/ALL OTH OUTPTNT		4 4		232.37							
		ES AND EXPENDITUR	RES MO	NTH-OF-PAYMENT R	REPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 8,987
MOP024	FEE-FOR-SERVICE										01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 185% PF	ROGRAM	- PREGNANT A	AID CO	DES 44 48	49				
							M	ONT	HLY AVERA	GE ·	
1,966 ELIGIBLES	USERS	UNITS OF SERVICE	7.	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	(	COST PER
1,700 111011111	02210	OR DAYS OF CARE		2111 2112 1 1 0 1 1 2 2			PER ELIG		USER		ELIGIBLE
ACOMMINITES HACDIEST HOUSE	631			F70 30F 04		114.11			903.81		
@COMMUNITY HOSPITAL TOTAL	031	4,998	\$	570,305.04			2.542	Þ		Þ	
COMM HOSP INPATIENT TOTAL	105	407		471,189.75		1157.71	.207		4487.52		239.67
HSC HOSPITALS	8	34		47,364.04		1393.06	.017		5920.51		24.09
NON-HSC HOSPITALS TOTAL	98	373		423,825.71		1136.26	.190		4324.75		215.58
ACCOMMODATIONS	98	373		144,538.66		1136.26 387.50	.190		1474.88		73.52
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	631 105 8 98 98	0		.00		.00	.000		.00		.00
ALL OFFED ACCOM	0.0	373				387.50					
ALL OTHER ACCOM	98 98			144,538.66			.190		1474.88		73.52
ANCILLARIES		0		279,287.05		.00	.000		2849.87		142.06
INPATIENT CROSSOVERS	0	0		.00 .00 99,115.29		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	588	4,591		99,115.29		21.59	2.335		168.56		50.41
MEDICAL	17	18		482.08		26.78	.009		28.36		.25
SURGERY	28	34		961.31		28.27	.017		34.33		. 49
PATHOLOGY	342	1,188		15,449.87		13.00	.604		45.18		7.86
	80	84									
RADIOLOGY		709		5,954.87		70.89	.043		74.44		3.03
ROOM USE	382	709		22,453.62		31.67	.361		58.78		11.42
CROSSOVERS/ALL OTH OUTPTNT		2,558		53,813.54		21.04	1.301		145.05		27.37
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	Ô	0	\$	.00	\$	.00	.000	Ś	.00	Ġ	.00
LEV A-INTERMEDIATE	0	Ŏ	٧	.00	٧	.00	.000	Ÿ	.00	Y	.00
	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0									
LEV B-SUBACUTE FREESTANDING	Ü	Ü		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	Ś	.00
ICF DDH	0	0	т	.00	т.	.00	.000	т.	.00	-	.00
ICF DD	0	Ŏ		.00		.00	.000		.00		.00
	0	0				.00	.000				
ICF DDN/DDCN	•	ŭ		.00	_			_	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	156	329	\$	5,709.44	\$	17.35	.167	\$	36.60	\$	2.90
			ų		Ą			Ą		ې	
PATHOLOGY	156	329		5,709.44		17.35	.167		36.60		2.90
XO AND OTHERS	0	0	_	.00		.00	.000	٠.,	.00	4.	.00
@ORGANIZED OUTPATIENT CLINIC	53	209	\$	15,894.02	\$	76.05	.106	\$	299.89	\$	8.08
CLINIC	26	124		4,578.57		36.92	.063		176.10		2.33

 

 SURGICENTER
 5
 29
 729.52
 25.16
 .015
 145.90
 .37

 HEROIN DETOX CLINIC
 0
 0
 .00
 .00
 .00
 .00
 .00
 .00
 .00

 RURAL HEALTH CLINIC
 22
 56
 10,585.93
 189.03
 .028
 481.18
 5.38

 #CALIF DEPT OF HEALTH SERV
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003
 THRU DEC 2003
 PAGE 8,988

 MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49 01/29/04

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 8,989 MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 01/29/04

DA COUNTI

25 ELIGIBLES

AL, ALL PROVIDERS
SICIANS SERVICES
UTPATIENT VISITS
OFFICE VISITS
HOME VISITS
EMERGENCY ROOM
PREVENTIVE CARE
OB VISITS/COMPRE PERI
OTHER OUTPATIENT
USITS
1

OTHER OUTPATIENT
OTHER OUTPA ----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER UNITS OF SERVICE OR DAYS OF CARE @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	Ö		.00		.00	.000		.00		.00
EXAMINATIONS	0	ñ		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
	0	0									
INPATIENT HOSPITAL SURGERY	0	U		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1	1		57.26		57.26	.040		57.26		2.29
PRINCIPAL SURGEON	1	1		57.26		57.26	.040		57.26		2.29
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	ñ		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	2					.080		17.82		
RADIOLOGY	2	2		35.63		17.82					1.43
PSYCHIATRY	Ü	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	2	2		433.51		216.76	.080		216.76		17.34
@PHARMACY	1	1	\$	44.48	\$	44.48	.040	\$	44.48	\$	1.78
PRESCRIPTION DRUGS	1	1		44.48		44.48	.040		44.48		1.78
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1	1		44.48		44.48	.040		44.48		1.78
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
	0	0	Ą		Ą			Ą		Ą	
VISITS - DIAGNOSTIC	0			.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	Ô		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	ñ		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
	0	0									
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		ES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PAG	
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES	FOR 60-DAY I	POST	PARTUM PROGRAM		AID CODE	76				
							N	IONT:	HLY AVERA	GE	
25 ELIGIBLES	USERS UNI	TS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	C	OST PER
		DAYS OF CARE				UNIT/DAY			USER		LIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000		.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	т	.00	Υ	.00	.000	~	.00	Ψ	.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
	0	0									
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	4	.00	4	.00
@CHIROPRACTOR	0	•	\$	.00	\$	.00		\$	.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	Ś	.00	Ġ	.00	.000	\$	.00	Ś	.00
NURSE ANESTHESIST	0	0	Ġ	.00	Ġ	.00	.000	\$	.00	Ġ	.00
NURSE MIDWIFE	0	0	<sup>ب</sup> ب		ڊ ٻ					ڊ ٻ	
	•	0	ې خ	.00	ې د	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	Þ	.00	Þ	.00	.000	\$	.00	\$	.00

FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	3	12	\$ 1,709.50	\$ 142.46	.480	\$ 569.83	\$ 68.38
HOSP INPATIENT TOTAL	1	2	1,447.72	723.86	.080	1447.72	57.91
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	2	1,447.72	723.86	.080	1447.72	57.91
ACCOMMODATIONS	1	2	605.36	302.68	.080	605.36	24.21
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	605.36	302.68	.080	605.36	24.21
ANCILLARIES	1	0	842.36	.00	.000	842.36	33.69
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	10	261.78	26.18	.400	130.89	10.47
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	2	2		65.00		32.50	.080	32.50		2.60
	2									
CROSSOVERS/ALL OTH OUTPTNT	2	8		196.78		24.60	.320	98.39		7.87
@COUNTY HOSPITAL TOTAL	0	0		.00	\$	.00	.000	•	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	Ô	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0								
TRANSITIONAL IP CARE	Ü	Ü		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	Ô	0		.00		.00	.000	.00		.00
	0	0								
MEDICAL	U	U		.00		.00	.000	.00		.00
SURGERY	Ü	Ü		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	•	~		MONTH-OF-PAYMENT RI	דח∩סיד				D	AGE 8,991
			I OKES I	MONITI-OF-PAIMENT KI	EFORT	FOR UAN	2003 IIIKO D	EC 2003	F.	
MOP024	FEE-FOR-SERVICE		7.1. DOG			3.75 0055				01/29/04
NEVADA COUNTY	SUMMARY OF SERV.	ICES FOR 60-D	AY POS.	r partum program		AID CODE				
								NTHLY AVER		
25 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURES	AVE	RAGE COST	'UNITS/DAYS	COST PER		COST PER
		OR DAYS OF C	ARE		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	12	\$	1,709.50	\$	142.46	.480	\$ 569.83	Ġ	68.38
COMM HOSP INPATIENT TOTAL	1	2		1,447.72	•	723.86	.080	1447.72		57.91
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
	1	3		1,447.72		723.86		1447.72		57.91
NON-HSC HOSPITALS TOTAL		2					.080			
ACCOMMODATIONS	Ţ.	2		605.36		302.68	.080	605.36		24.21
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	1	2		605.36		302.68	.080	605.36		24.21
ANCILLARIES	1	0		842.36		.00	.000	842.36		33.69
INPATIENT CROSSOVERS	Ω	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
	0	10								
COMM HOSP OUTPATIENT TOTAL	2			261.78		26.18	.400	130.89		10.47
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	2	2		65.00		32.50	.080	32.50		2.60
CROSSOVERS/ALL OTH OUTPTNT	2	8		196.78		24.60	.320	98.39		7.87
	0	0			\$	.00		\$ .00	\$	.00
@STATE HOSPITAL	0			.00	Ą				Ą	
MENTALLY ILL	Ü	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	Ő		.00		.00	.000	.00		.00
	0	0						.00		
LEV B-SUBACUTE HSPTL BASED	0	-		.00		.00	.000			.00
LEV B-TRANSITIONAL IP CARE	Ü	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0		.00	\$	.00	.000		Ġ	.00
MINI CICITATION TOTAL	U	U	Ą	.00	Ą	.00	.000	۷ .00	Ą	.00

HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$	.00	Ġ	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0		0	Υ	.00	т	.00	.000	~	.00	τ.	.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1		1	\$	28.00	\$	28.00	.040	\$	28.00	\$	1.12
PATHOLOGY	1		1	Ų	28.00	Ÿ	28.00	.040	Ų	28.00	Y	1.12
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$	.00	\$	.00	.000	\$	.00	Ġ	.00
CLINIC CLINIC	0		0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
	0		0		.00					.00		
HEROIN DETOX CLINIC	0		0				.00	.000				.00
RURAL HEALTH CLINIC	U U	100 AND 01	0	TC M	.00		.00	.000	ъп.	.00	ъ.	.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE		PENDITUR	ES M	ONTH-OF-PAYMENT RE	EPOR.I	FOR JAN 2	2003 THRU	DE(	2 2003	PF	AGE 8,992 01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR	60-DAY	POST	PARTUM PROGRAM		AID CODE	76				
								M	ON	THLY AVERAC	E -	
25 ELIGIBLES	USERS	UNITS OF	' SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	(	COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER	J	ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DURABLE MED. EQUIP.	0		0	•	.00	•	.00	.000		.00	•	.00
BLOOD BANK	0		0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0		0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0		0		.00		.00	.000		.00		.00
OTHER TRANS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
ACUPUNCTURE	0		0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0		0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0		0		.00		.00	.000		.00		.00
OPTICIAN	0		0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0		0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0		0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
ORTHOTICS	0		0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0		0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0		0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0		0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0		0		.00		.00			.00		
	U		0					.000				.00
LOCAL EDUCATION AGENCIES	0		U		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	U		0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0		U		.00		.00	.000		.00		.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

0

PED SUBACUTE REHAB/WEANING

@XOVER EXCLUDING STATE HOSP\*\*

ALL OTHER PROVIDERS

@CALIF. CHILDREN SERVICES\*

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 8,993
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

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							MOI	THLY AVERA	GE	
3,370 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	3		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,654	10,799	\$	811,110.73	\$	75.11	3.204	490.39	\$	240.69
@PHYSICIANS SERVICES	865	2,232	\$	150,271.81	\$	67.33	.662	173.72	\$	44.59

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	487	685	30,495.39	44.52	.203	62.62	9.05
OFFICE VISITS	306	410	12,339.33	30.10	.122	40.32	3.66
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	144	169	7,708.29	45.61	.050	53.53	2.29
	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE							
OB VISITS/COMPRE PERI	76	106	10,447.77	98.56	.031	137.47	3.10
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	123	258	14,672.57	56.87	.077	119.29	4.35
HOSPITAL VISITS	119	228	9,882.13	43.34	.068	83.04	2.93
CRITICAL CARE	7	30	4,790.44	159.68	.009	684.35	1.42
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.000	57.79	.02
	1	1					
EXAMINATIONS			57.79	57.79	.000	57.79	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	116	473	76,093.40	160.87	.140	655.98	22.58
PRINCIPAL SURGEON	82	88	66,362.03	754.11	.026	809.29	19.69
ASSISTANT SURGEON	10	10	1,818.38	181.84	.003	181.84	.54
ANESTHESIOLOGIST	34	375	7,912.99	21.10	.111	232.74	2.35
OUTPATIENT SURGERY	93	162	10,321.90	63.72	.048	110.99	3.06
PRINCIPAL SURGEON	87	113	8,647.58	76.53	.034	99.40	2.57
	0	0	•				
ASSISTANT SURGEON			.00	.00	.000	.00	.00
ANESTHESIOLOGIST	23	49	1,674.32	34.17	.015	72.80	.50
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	120	213	2,215.56	10.40	.063	18.46	.66
RADIOLOGY	195	235	8,201.12	34.90	.070	42.06	2.43
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	47	108	2,139.90	19.81	.032	45.53	.63
OTHER SERVICES/ALL X-OVERS	71	97	6,074.18	62.62	.029	85.55	1.80
@PHARMACY	480	2,243 \$	22,804.53	\$ 10.17	.666 \$	47.51	
						39.77	
PRESCRIPTION DRUGS	469	686	18,654.02	27.19	.204		5.54
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	469	686	18,654.02	27.19	.204	39.77	5.54
MEDICAL SUPPLIES	23	1,557	4,150.51	2.67	.462	180.46	1.23
@DENTIST	5	21 \$	310.00	\$ 14.76	.006 \$	62.00	
VISITS - DIAGNOSTIC	4	7	40.00	5.71	.002	10.00	.01
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	0	.00	.00	.001	.00	.00
	1	1.0					
RESTORATIVE DENTISTRY	3	12	270.00	22.50	.004	90.00	.08
PROSTHETICS	Ü	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M					PAGE 8,994
MOP024	FEE-FOR-SERVICE		IONTII OI IZIITALINI KI	31 OKT 1 OK 07MV 2	1005 IIIKO DEK	2003	01/29/04
			A DAM OD MOMAL GOL	SEC 44 47 40 40	0 76		01/29/04
NEVADA COUNTY	SUMMARI OF SERV	ICES FOR 185% AND 60	T-DAI PP TOTAL, COL	DES 44 47 40 43			CE
2 250					MON'		-
3,370 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@OPIOMEIRISI		-				0.0	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
		0	.00	.00	.000	.00	.00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	0		.00	.00	.000	.00	.00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0 0 0	0	.00	.00	.000	.00	.00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00			.00		
OTHER	0		4		4		.000				.00
@HOME HEALTH AGENCY	6	8	Ş	419.96	\$	52.50	.002		69.99		.12
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000		.00	\$	.00
NURSE MIDWIFE	23	85	\$	7,489.06	\$	88.11	.025	\$	325.61	\$	2.22
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1	1	\$	24.98	\$	24.98	.000	\$	24.98	\$	.01
@TOTAL HOSPITAL	777	5,427	Ś	597,103.70		110.02		Ś	768.47		177.18
HOSP INPATIENT TOTAL	110	418	٧	486,835.92	Ψ	1164.68	.124	~	4425.78	٧	144.46
HSC HOSPITALS	10	38		52,484.04		1381.16	.011		5248.40		15.57
NON-HSC HOSPITAL TOTAL	101	380		434,351.88		1143.03	.113		4300.51		128.89
ACCOMMODATIONS	101	380		148,737.66		391.41	.113		1472.65		44.14
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	101	380		148,737.66		391.41	.113		1472.65		44.14
ANCILLARIES	101	0		285,614.22		.00	.000		2827.86		84.75
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	730	5,009		110,267.78		22.01	1.486		151.05		32.72
	66	80		2,671.12		33.39	.024		40.47		.79
MEDICAL											
SURGERY	32	42		1,240.06		29.53	.012		38.75		.37
PATHOLOGY	382	1,281		16,453.53		12.84	.380		43.07		4.88
RADIOLOGY	100	105		6,579.66		62.66	.031		65.80		1.95
ROOM USE	502	870		28,039.09		32.23	.258		55.85		8.32
CROSSOVERS/ALL OTH OUTPTNT	418	2,631		55,284.32		21.01	.781		132.26		16.40
@COUNTY HOSPITAL TOTAL	1	18	\$		\$	37.37	.005	\$	672.62	\$	.20
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00	•	.00	.000	•	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	Ö		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0									
ADMINISTRATIVE DAYS	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	18		672.62		37.37	.005		672.62		.20
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	2		59.22		29.61	.001		59.22		.02
	1	9		162.49		18.05	.003		162.49		.05
PATHOLOGY	1	0									
RADIOLOGY	U	-		.00		.00	.000		.00		.00
ROOM USE	1	3		218.54		72.85	.001		218.54		.06
CROSSOVERS/ALL OTH OUTPTNT		4		232.37		58.09	.001		232.37		.07
#CALIF DEPT OF HEALTH SERV			ES M	ONTH-OF-PAYMENT RE	EPOR	T FOR JAN 2	2003 THRU 1	DEC	2003	P	AGE 8,995
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 185% AN	D 60	-DAY PP TOTAL, COI	DES	44 47 48 49	9 69 76				
				•			M	TNC	HLY AVERA	GE.	
3,370 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Д\7	ERAGE COST					COST PER
3,3.3 ==================================	32210	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	776	5,409	\$	596,431.08		110.27	1.605		768.60		
	110	418	Y	486,835.92	Ą	1164.68	.124	ų	4425.78	ų	144.46
COMM HOSP INPATIENT TOTAL											
HSC HOSPITALS	10	38		52,484.04		1381.16	.011		5248.40		15.57
NON-HEC HOSDITALS TOTAL	1.01	380		434 351 88		1143 03	112		4300 51		128 88

NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

ACCOMMODATIONS

101

101

0

0

380

380

0

0

434,351.88

148,737.66

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4300.51

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ALL OTHER ACCOM	101	380	148,737.66	391.41	.113	1472.65	44.14
ANCILLARIES	101	0	285,614.22	.00	.000	2827.86	84.75
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	729	4,991	109,595.16	21.96	1.481	150.34	32.52
MEDICAL	66	80	2,671.12	33.39	.024	40.47	.79
SURGERY	31	40	1,180.84	29.52	.012	38.09	.35
PATHOLOGY	381	1,272	16,291.04	12.81	.377	42.76	4.83
RADIOLOGY	100	105	6,579.66	62.66	.031	65.80	1.95
ROOM USE	501	867	27,820.55	32.09	.257	55.53	8.26
CROSSOVERS/ALL OTH OUTPTNT	417	2,627	55,051.95	20.96	.780	132.02	16.34
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	158	333	\$	5,758.81	\$	17.29	.099	\$	36.45	\$	1.71
PATHOLOGY	158	333		5,758.81		17.29	.099		36.45		1.71
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	59	216	\$	17,046.55	\$	78.92	.064	\$	288.92	\$	5.06
CLINIC	26	124		4,578.57		36.92	.037		176.10		1.36
SURGICENTER	5	29		729.52		25.16	.009		145.90		.22
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	28	63		11,738.46		186.32	.019		419.23		3.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITU	RES 1	MONTH-OF-PAYMENT RI	EPOR?	r for Jan 2	2003 THRU	DEC	2003	PA	GE 8,996
MOP024	FEE-FOR-SERVICE/D	ENTAL									01/29/04
NEVADA COUNTY	SUMMARY OF SERVIC	CES FOR 185% A	ND 60	O-DAY PP TOTAL, COI	DES 4	14 47 48 49	9 69 76				
							M		HLY AVERA	GE -	
3,370 ELIGIBLES		NITS OF SERVIC		EXPENDITURES		ERAGE COST			COST PER	_	OST PER
		OR DAYS OF CAR	E			R UNIT/DAY			USER		LIGIBLE
@ALL OTHER PROVIDERS	83	233	\$	9,881.33	\$	42.41	.069	Ġ	119.05	\$	2.93

3,370 ELIGIBLES	USERS I	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				OST PER
ONLI ORIUR PROLUTRERG	0.2	OR DAYS OF CARE		0 001 22	PER UNIT/DAY				LIGIBLE
@ALL OTHER PROVIDERS	83	233	\$	9,881.33	\$ 42.41	.069	•	Ş	2.93
DURABLE MED. EQUIP.	2	4		564.69	141.17	.001	282.35		.17
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	12	147		2,277.42	15.49	.044	189.79		.68
AMBULANCES/AIR TRANS	11	146		1,321.17	9.05	.043	120.11		.39
OTHER TRANS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	1	1		956.25	956.25	.000	956.25		. 28
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	66	66		6,866.00	104.03	.020	104.03		2.04
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	0	0		.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	1	4		98.94	24.74	.001	98.94		.03
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	2	12		74.28	6.19	.004	37.14		.02
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	11	1,587	\$	27,585.19	\$ 17.38	.471	\$ 2507.74	\$	8.19
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
@* TOTALS IN THESE LINES ARE GIVE	N AS A SEPARA	re information 1	TEM ONLY	;					

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

FEE-FOR-SERVICE/DENTAL

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

NEVADA COUNTY

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 8,997 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

AID CODE 16

01/29/04

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

NEVADA COUNTI	SUMMARI OF SERV	ICES FOR IIILE II DIS	REGARD - AGED	AID CODE	10		
F22 F1 FGTP1 FG				311ED3.GE GOGE	MONT		
733 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	F00	OR DAYS OF CARE	0.57 1.00 1.0	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	592	5,916 \$	257,198.12	\$ 43.48	8.071 \$		\$ 350.88
@PHYSICIANS SERVICES	123	406 \$	4,407.68	\$ 10.86	.554 \$		\$ 6.01
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	123	406	4,407.68	10.86	.554	35.83	6.01
@PHARMACY	533	4,662 \$	187,000.75	\$ 40.11	6.360 \$		\$ 255.12
	530	,		80.18	3.154	349.77	252.91
PRESCRIPTION DRUGS	9	2,312 39	185,380.57				1.52
SNF/ICF	_		1,114.71	28.58	.053	123.86	
OUTPATIENTS	522	2,273	184,265.86	81.07	3.101	353.00	251.39
MEDICAL SUPPLIES	28	2,350	1,620.18	.69	3.206	57.86	2.21
@DENTIST	17	61 \$	2,635.00	\$ 43.20	.083 \$	155.00	
VISITS - DIAGNOSTIC	12	27	493.00	18.26	.037	41.08	.67
ORAL SURGERY	2	2	90.00	45.00	.003	45.00	.12
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	5	10	1,000.00	100.00	.014	200.00	1.36
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	5	20	1,052.00	52.60	.027	210.40	1.44
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	2	.00	.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DEC		PAGE 8,998
MODOOA	FFF FOD CFDVICE						01/00/04

NEVADA COUNTY

NEVADA COUNTY	SUMMARY OF SERVICES F	OK TITLE I	I DISRI	EGARD - AGED		AID CODE				
								NTHLY AVER	AGE	
733 ELIGIBLES		OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
	OR D	AYS OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	14	39	\$	785.37	\$	20.14	.053	\$ 56.10	\$	1.07
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.001	47.45		.06
EYE APPLIANCES	12	35		617.71		17.65	.048	51.48		.84
OTHER OPTOMETRIC SERVICES	3	3		120.21		40.07	.004	40.07		.16
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000		\$	.00
VISITS	0	Ô	۲	.00	Υ	.00	.000	.00	٧	.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
	12		ė.		Ś				4	
@PODIATRIST		13	\$	68.90	Ş	5.30	.018		Ş	.09
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	12	13		68.90		5.30	.018	5.74		.09
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
NURSE ANESTHESIST	1	13	\$	28.02	\$	2.16	.018	\$ 28.02	\$	.04
NURSE MIDWIFE	0	0	S	.00	Ś	.00	.000	\$ .00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	S	.00	Ė	.00		\$ .00		.00
FAMILY NURSE PRACTITIONER	0	0	Š	.00	Š	.00		\$ .00		.00
@TOTAL HOSPITAL	76	323	Ċ Ċ	21,342.06	\$	66.07		\$ 280.82		29.12
HOSP INPATIENT TOTAL	20	87	Y	15,604.29	Ų	179.36	.119	780.21	Y	21.29
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
	0	0								
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	20	87		15,604.29		179.36	.119	780.21		21.29
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	58	236		5,737.77		24.31	.322	98.93		7.83
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	1	1		24.15		24.15	.001	24.15		.03
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	57	235		5,713.62		24.31	.321	100.24		7.79
	0	0	ė.		\$	.00		\$ .00	\$	.00
@COUNTY HOSPITAL TOTAL	0		\$	.00	Ą				Ą	
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	n	n		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
	0	0		.00						.00
PATHOLOGY	0	0				.00	.000	.00		
RADIOLOGY	Ü	U		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ES MONT	LH-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU D	DEC 2003	F	PAGE 8,999
MOP024	FEE-FOR-SERVICE/DENTA									01/29/04
NEWADA COUNTY	CIMMADA OE CEDMICEC E	יכו הדהדה ד	T DICDI	CADD ACED		YID CODE	1.6			

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

							M	ONT.	HIY AVERA	GE.	
733 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	76	323	\$	21,342.06		66.07	.441	\$	280.82	\$	29.12
COMM HOSP INPATIENT TOTAL	20	87		15,604.29		179.36	.119		780.21		21.29
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	•	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	20	87		15,604.29		179.36	.119		780.21		21.29
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	58 0	236 0		5,737.77		24.31 .00	.322		98.93		7.83 .00
MEDICAL SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		24.15		24.15	.001		24.15		.03
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	57	235		5,713.62		24.31	.321		100.24		7.79
@STATE HOSPITAL	0	0	\$	.00		.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	٧	.00		.00	.000	٧	.00	~	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	18	179	\$	34,315.36		191.71	.244	\$	1906.41	\$	46.81
LEV A-INTERMEDIATE	0	0	т	.00		.00	.000	т	.00	т.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	18	179		34,315.36		191.71	.244		1906.41		46.81
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	3	5	\$	1,859.77		371.95	.007	\$	619.92	\$	2.54
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	3	5		1,859.77		371.95	.007		619.92		2.54
@REHABILITATION FACILITY	0	0	\$	.00		.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	4	.00		.00	.000	4	.00	4	.00
@LABORATORY FACILITY	U	0	\$	.00	•	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS  @ORGANIZED OUTPATIENT CLINIC	0	2	\$	.00 226.80		.00 113.40	.000	\$	113.40	\$	.00 .31
CLINIC	0	0	Ą	.00	•	.00	.003	Ą	.00	Ą	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2	2		226.80		113.40	.003		113.40		.31
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	ES MO					DEC		P	AGE 9,000
MOP024	FEE-FOR-SERVICE		110.	IVIII OI IZIIIIIIVI	ICHI OICI	1 1 010 07110 2	2005 11110	рцс	2003		01/29/04
NEVADA COUNTY		ICES FOR TITLE I	T DTS	REGARD - AGED		AID CODE	16				01/25/01
112 (11211 0001111	SOURCE OF SELLY	1020 1011 11122 1		110111		1112 0022	M	ONT	HLY AVERA	GE	
733 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST					COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	61	213	\$	4,528.41		21.26	.291		74.24		6.18
DURABLE MED. EQUIP.	2	3		154.35		51.45	.004	-	77.18	•	.21
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	3	3		675.75		225.25	.004		225.25		.92
MEDICAL TRANSPORTATION	2	60		112.56		1.88	.082		56.28		.15

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	57	90.45	1.59	.078	90.45	.12
OTHER SERVICES	1	3	22.11	7.37	.004	22.11	.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	1	94.96	94.96	.001	94.96	.13
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	17	33	442.96	13.42	.045	26.06	.60
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	5	90.12	18.02	.007	22.53	.12
PROSTHETICS	4	5	90.12	18.02	.007	22.53	.12
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	3	75.00	25.00	.004	25.00	.10

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	31	105		2,882.71	27.45	.143	92.99	3.93
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	218	820	\$	45,020.86	\$ 54.90	1.119	\$ 206.52	\$ 61.42
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE	TNFORMATION	TTEM ONLY;					

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV PAGE 9,001 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

NEVADA COUNTY	SUMMARY OF SERV	LICES FOR TITLE II DIS	REGARD - BLIND	ALD CODES 26			
						THLY AVERAGI	
09 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	11	51 \$	2,829.57	\$ 55.48	5.667 \$		\$ 314.40
@PHYSICIANS SERVICES	1	1 \$	37.13	\$ 37.13	.111 \$	37.13	\$ 4.13
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	37.13	37.13	.111	37.13	4.13
@PHARMACY	11	41 \$	1,889.25	\$ 46.08	4.556 \$	171.75	\$ 209.92
PRESCRIPTION DRUGS	11	41	1,889.25	46.08	4.556	171.75	209.92
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	11	41	1,889.25	46.08	4.556	171.75	209.92
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	0		0		.00		.00	.000	.0		.00
PROSTHETICS	0		0		.00		.00	.000	.0		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000	.0		.00
SPACE MAINTAINERS	U		0		.00		.00	.000	.0		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000	. 0		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000	.0		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000	.0		.00
ALL OTHER SERVICES	0		0		.00		.00	.000	.0		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EX	PENDITURES	S MONTH-OF-	PAYMENT RE	EPORT	FOR JAN 2	2003 THRU I	DEC 2003	]	PAGE 9,002
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR	TITLE II	DISREGARD	- BLIND	AID	CODES 26	бA			
								MO			
09 ELIGIBLES	USERS	UNITS OF	SERVICE	EXPE	NDITURES	AVEF	RAGE COST	UNITS/DAYS	S COST PE	R	COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	1		3 \$	\$	53.11	\$	17.70	.333	\$ 53.1	1 \$	5.90
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000	. 0	0	.00
EYE APPLIANCES	1		3		53.11		17.70	.333	53.1	1	5.90
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000	.0	0	.00
@CHIROPRACTOR	0		0 \$	5	.00	\$	.00	.000		0 \$	.00
VISITS	0		0	•	.00	•	.00	.000	.0		.00
OTHER SERVICES	0		0		.00		.00	.000	.0		.00
@PODIATRIST	Ô		0 \$	3	.00	\$	.00	.000		0 \$	.00
MEDICINE/INJECTIONS	0		n ,	*	.00	Υ	.00	.000	.0		.00
SURGERY/ANES.	0		0		.00		.00	.000	.0		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000	.0		.00
OTHER	0		0		.00		.00	.000	.0		.00
@HOME HEALTH AGENCY	0			4	.00	ė.	.00				.00
	0		0 \$	2	.00	\$	.00	.000	\$ .0		.00
NURSE ANESTHESIST	0		0 5	2		Ş					
NURSE MIDWIFE	0		0 5	?	.00	Ş	.00	.000	\$ .0		.00
PEDIATRIC NURSE PRACTITIONER	. 0		0 \$	?	.00	Ş	.00	.000	\$ .0		.00
FAMILY NURSE PRACTITIONER	0		0 \$	2	.00	Ş	.00	.000	\$ .0		.00
@TOTAL HOSPITAL	0		0 \$	<b>&gt;</b>	.00	Ş	.00	.000	•	0 \$	.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000	. 0		.00
HSC HOSPITALS	0		0		.00		.00	.000	. 0		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000	. 0		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.0		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.0		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.0		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.0		.00
ANCILLARIES	0		0		.00		.00	.000	.0		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.0		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.0		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000	.0	0	.00
MEDICAL	0		0		.00		.00	.000	.0	0	.00
SURGERY	0		0		.00		.00	.000	.0	0	.00
PATHOLOGY	0		0		.00		.00	.000	.0	0	.00
RADIOLOGY	0		0		.00		.00	.000	.0	0	.00
ROOM USE	0		0		.00		.00	.000	.0	0	.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000	.0	0	.00
@COUNTY HOSPITAL TOTAL	0		0 \$	5	.00	\$	.00	.000	\$ .0	0 \$	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00	•	.00	.000	.0		.00
HSC HOSPITALS	0		0		.00		.00	.000	.0		.00
NON-HSC HOSPITALS TOTAL	Ō		0		.00		.00	.000	.0		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.0		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.0		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.0		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.0		.00
ANCILLARIES	0		0		.00		.00	.000	.0		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.0		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.0		.00
ADD OTHER INPALLENT	U		U		.00		.00	.000	. 0	U	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES M	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 9,003
MOP024	FEE-FOR-SERVICE									01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR TITLE II DI	SREGARD - BLIND	AID	CODES 26	6A				
						I	TION	HLY AVERA	.GE -	
09 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVEF	RAGE COST	UNITS/DA	YS (	COST PER	(	COST PER
		OR DAYS OF CARE		PER		PER ELIC	G	USER	F	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$	.00	.000	\$	.00	\$	.00
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0 \$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	U	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	U	0	.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	.00	d	.00	.000	4	.00	4	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0	.00		.00	.000		.00		.00
ICF DD	0	0	.00		.00	.000		.00		.00
ICF DDN/DDCN	0		.00	ė.	.00	.000	۲.	.00	۲.	.00
@HEMODIALYSIS TOTAL HOSPITAL BASED	0	0 \$ 0	.00	\$	.00	.000	\$	.00	\$	.00 .00
	0	0	.00		.00	.000		.00		
HEMODIALYSIS CENTER @REHABILITATION FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$	.00 .00
	0	0 \$	.00	Ą		.000	Ş		Ą	
HOSPITAL BASED INDEPENDENT FACILITY	0	0			.00			.00		.00
	0		.00	\$	.00	.000	ب	.00	ė,	.00
@LABORATORY FACILITY PATHOLOGY	0	0 \$ 0	.00	Ą	.00 .00	.000	Ą	.00	\$	.00 .00
XO AND OTHERS	0	0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	Л	4 \$	824.00	Ċ	206.00	.444	\$	206.00	\$	91.56
CLINIC	Λ -	4 Ş	.00	ų		.000	Ą	.00	ų	.00
SURGICENTER	0	0	.00		.00 .00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4	4	824.00		206.00	.444		206.00		91.56
#CALIF DEPT OF HEALTH SERV	· · · · · · · · · · · · · · · · · · ·	ES AND EXPENDITURES M		FD\DT			חבים		ъ:	AGE 9,004
HCUTTE DELI OL HEUTHI DEVA	יייחד רשח אוויא	TO THAN EWERTANTIONED IN	OMIN OF ENTIRED K	TE OILT	TOW OWN .	2002 IIII(U	الم تنام	2003	F	7,004

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

					MON'	THLY AVERAG	E
09 ELIGIBLES	USERS UN	IITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	(	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	2 \$	26.08	\$ 13.04	.222 \$	26.08	\$ 2.90
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.222	26.08	2.90
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	1	1 \$	37.13	\$ 37.13	.111 \$	37.13	\$ 4.13
@* TOTALS IN THESE LINES ARE CIVE	T AC A CEDARATI	TNEODMATION TIEM ONI	.v:				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,005 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

NEVIDII COONII	DOMINITALL OF DELLA	TCHO TON TITHE	11 DI	DICHOLIC DIDLID	TITE CODED 30	00 00		
						MON	NTHLY AVERA	GE
355 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	293	3,056	\$	241,595.97	\$ 79.06	8.608	824.56	\$ 680.55
@PHYSICIANS SERVICES	31	132	\$	1,119.28	\$ 8.48	.372	36.11	\$ 3.15
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	31	132	1,119.28	8.48	.372	36.11	3.15
@PHARMACY	262	1,905 \$	139,332.45	\$ 73.14	5.366	\$ 531.80	\$ 392.49
PRESCRIPTION DRUGS	260	1,087	137,582.85	126.57	3.062	529.16	387.56

SNF/ICF	13	102	9,647.15	94.58	.287	742.09	27.18
OUTPATIENTS	249	985	127,935.70	129.88	2.775	513.80	360.38
MEDICAL SUPPLIES	21	818	1,749.60	2.14	2.304	83.31	4.93
@DENTIST	21	106	\$ 5,238.00	\$ 49.42	.299 \$	249.43	\$ 14.75
VISITS - DIAGNOSTIC	13	42	516.00	12.29	.118	39.69	1.45
ORAL SURGERY	5	43	1,891.00	43.98	.121	378.20	5.33
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	5	8	463.00	57.88	.023	92.60	1.30
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	4	13	2,368.00	182.15	.037	592.00	6.67
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURE:	S MONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DE	C 2003	PAGE 9,006
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR	TITLE II	DISREGARD - DISABLED	AID CODES 36	66 6C		

----- MONTHLY AVERAGE -----UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER 355 ELIGIBLES USERS EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 18 371.50 20.64 .051 \$ 53.07 \$ 1.05 47.45 DIAGNOSTIC AND ANC. PROCED 2 94.90 47.45 .006 .27 276.60 17.29 46.10 EYE APPLIANCES 16 .045 .78 OTHER OPTOMETRIC SERVICES .00 .000 0 .00 .00 .00 @CHIROPRACTOR .00 .00 .000 \$ .00 \$ .00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 @PODIATRIST 3 20.67 6.89 .008 \$ 6.89 \$ .06 .00 MEDICINE/INJECTIONS .00 .000 .00 .00 .00 SURGERY/ANES. .00 .000 .00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 3 20.67 6.89 .008 6.89 .06 .00 .000 \$ .00 @HOME HEALTH AGENCY .00 .00 .00 NURSE ANESTHESIST .00 .00 .000 \$ .00 NURSE MIDWIFE 0 .00 \$ .00 .000 .00 \$ .00 PEDIATRIC NURSE PRACTITIONER 0 .00 .00 .000 \$ .00 \$ .00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 \$ .00 @TOTAL HOSPITAL 30 115 3,417.89 29.72 .324 \$ 113.93 \$ 9.63 HOSP INPATIENT TOTAL 2,187.68 364.61 .017 729.23 6.16 HSC HOSPITALS .00 .00 .00 .00 .000 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .00 ADMINISTRATIVE DAYS .000 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 ALL OTHER ACCOM 0 .00 .000 .00 .00 ANCILLARIES 0 .00 .00 .000 .00 .00 INPATIENT CROSSOVERS 2,187.68 364.61 .017 729.23 6.16 ALL OTHER INPATIENT 0 .000 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 27 109 1,230.21 11.29 45.56 .307 3.47 .00 MEDICAL 0 .00 .000 .00 .00 .00 .00 SURGERY 0 .00 .00 .000 24.15 PATHOLOGY 24.15 .003 24.15 .07 RADIOLOGY 0 .00 .00 .000 .00 .00 0 .00 ROOM USE .00 .00 .000 .00 108 1,206.06 11.17 46.39 CROSSOVERS/ALL OTH OUTPTNT 26 .304 3.40 @COUNTY HOSPITAL TOTAL 0 .00 \$ .00 .000 \$ .00 \$ .00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 9,007
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04

NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

NEVADA COUNTI	SUMMARI OF SERV	VICES FOR .	TTTTE 1	דת דו	SREGARD - DISABLEL	AII	CODES 36		_ N.T.		α.	
255 81 1618186	Hanna	INITEG OF (		,		7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7		M				COCE DED
355 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		ERAGE COST					COST PER
OCOMMINITENT HOCDIEST FORST	2.0	OR DAYS (			2 417 00		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	30		115	\$	3,417.89	\$	29.72	.324	Ş	113.93	\$	9.63
COMM HOSP INPATIENT TOTAL	3		6		2,187.68		364.61	.017		729.23		6.16
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	3		6		2,187.68		364.61	.017		729.23		6.16
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	27		109		1,230.21		11.29	.307		45.56		3.47
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	1		1		24.15		24.15	.003		24.15		.07
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	26		108		1,206.06		11.17	.304		46.39		3.40
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	7		310	\$	56,664.90	\$	182.79	.873	\$	8094.99	\$	159.62
ICF DDH	0		0	•	.00	·	.00	.000	•	.00	•	.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	7		310		56,664.90		182.79	.873		8094.99		159.62
@HEMODIALYSIS TOTAL	0		0	\$	.00	\$	.00		Ġ	.00	\$	.00
HOSPITAL BASED	0		Ö	т	.00	т.	.00	.000	т.	.00	т.	.00
HEMODIALYSIS CENTER	0		Ö		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		Ō	\$	.00	Ś	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0		0	•	.00	'	.00	.000		.00		.00

INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	22	42	\$	4,128.64	\$	98.30	.118	\$	187.67	\$	11.63
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	22	42		4,128.64		98.30	.118		187.67		11.63
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURE	S MONTH	-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC 2	003	PF	AGE 9,008
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES	FOR TITLE I	DISREG	ARD - DISABLE	D AID	CODES 36	66 6C				
							M	IONTHL	Y AVERA	GE -	

355 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 61 425 31,302.64 73.65 1.197 \$ 513.16 \$ 88.18 DURABLE MED. EQUIP. 1 6 6,091.02 1015.17 .017 6091.02 17.16 BLOOD BANK Ω 0 .00 . 00 .000 . 00 . 00 HEARING AID DISPENSERS Ω 0 .00 .00 .000 .00 .00 16 10.55 10.55 MEDICAL TRANSPORTATION .66 .045 .03 AMBULANCES/AIR TRANS Ω .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 OTHER TRANS 16 10.55 .66 10.55 . 03 OTHER SERVICES .045 ACUPUNCTURE Ω 0 .00 .00 .000 .00 .00 329 22,858.33 69.48 .927 952.43 ADULT DAY HEALTH CARE CTR 64.39 GENETIC DISEASE TESTING 0 0 .00 .00 .000 .00 .00 .000 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 .00 .00 .00 OCCUPATIONAL THERAPIST Ω .00 .00 .000 .00 .00 OPTICIAN 42.72 10.68 .011 21.36 .12 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY 0 .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS 3 5 98.59 19.72 .014 32.86 .28 98.59 19.72 32.86 .014 .28 PROSTHETICS ORTHOTICS . 00 . 00 .000 . 00 . 00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY 4.69 1.56 .008 4.69 .01 .00 .00 .000 .00 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 0 .00 EPSDT SUPPLEMENTAL SERVICE .00 .000 .00 .00 RESPIRATORY CARE PRACT. 0 .00 .00 .000 .00 .00 Ω .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 ALL OTHER PROVIDERS 62 2,196.74 35.43 .175 68.65 6.19 .00 @CALIF. CHILDREN SERVICES\* Ω 0 .00 .000 \$ .00 .00 7,712.61 @XOVER EXCLUDING STATE HOSP\*\* 91 9.33 2.330 \$ 84.75 21.73

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,009
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

MONTHI V AMEDACE

					MON	IIHLI AVEKA	.GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	I	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000 \$	.00	\$	.00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000 \$	.00	\$	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00		.00
OFFICE VISITS	0	0	.00	.00	.000	.00		.00
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00		.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	^	0	0.0	0.0	0.00	0.0	0.0
	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	n	.00	.00	.000	.00	.00
	0	0					
HOSPITAL VISITS	U	U	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
	0	0					
EXAMINATIONS	Ü	U	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
	0	0					
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	Ô	.00	.00	.000	.00	.00
	0	0					
ASSISTANT SURGEON	Ü	Ü	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	Õ	0	.00	.00	.000	.00	.00
	U						
@PHARMACY	0	0 \$	.00 \$	.00	.000 \$	.00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
	Õ	0	.00			.00	.00
OUTPATIENTS	0	•		.00	.000		
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00 \$	.00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
	0	•					
			0.0	$\cap$	000	0.0	
ENDODONTICS	U	0	.00	.00	.000	.00	.00
ENDODONTICS RESTORATIVE DENTISTRY	0	0	.00	.00 .00	.000	.00	.00
	0	0 0 0					
RESTORATIVE DENTISTRY PROSTHETICS	0 0 0	0 0 0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES	0	0 0 0	.00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00 .00 .00
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS	0 0 0 0	0 0 0 0	.00 .00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00 .00 .00
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES	0 0 0 0 0	0 0 0 0 0	.00 .00 .00 .00 .00	.00 .00 .00 .00	.000 .000 .000 .000	.00 .00 .00 .00	.00 .00 .00 .00
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS	0 0 0 0 0	0 0 0 0 0 0	.00 .00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00 .00 .00
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS	0 0 0 0 0 0	0 0 0 0 0 0	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00	.000 .000 .000 .000 .000	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES	0 0 0 0 0	0 0 0 0 0 0	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES	0 0 0 0 0 0	0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 PAGE 9,010
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES	· ·	S AND EXPENDITURES MON	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE/	S AND EXPENDITURES MON DENTAL	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 PAGE 9,010
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON DENTAL	.00 .00 .00 .00 .00 .00 .00 .00 TH-OF-PAYMENT REPOR	.00 .00 .00 .00 .00 .00 .00 RT FOR JAN 20	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 PAGE 9,010 01/29/04
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	S AND EXPENDITURES MON DENTAL CES FOR TITLE II DISR	.00 .00 .00 .00 .00 .00 .00 TH-OF-PAYMENT REPOR	.00 .00 .00 .00 .00 .00 .00 RT FOR JAN 20	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 PAGE 9,010 01/29/04
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE/	S AND EXPENDITURES MON DENTAL CES FOR TITLE II DISR UNITS OF SERVICE	.00 .00 .00 .00 .00 .00 .00 TH-OF-PAYMENT REPOR EGARD - FAMILIES	.00 .00 .00 .00 .00 .00 .00 RT FOR JAN 20 DISCONTINU	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .2003	.00 .00 .00 .00 .00 .00 .00 PAGE 9,010 01/29/04
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	S AND EXPENDITURES MON DENTAL CES FOR TITLE II DISR	.00 .00 .00 .00 .00 .00 .00 TH-OF-PAYMENT REPOR EGARD - FAMILIES EXPENDITURES AV	.00 .00 .00 .00 .00 .00 .00 RT FOR JAN 20	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 2003	.00 .00 .00 .00 .00 .00 .00 .00 PAGE 9,010 01/29/04 GE
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	S AND EXPENDITURES MON DENTAL CES FOR TITLE II DISR UNITS OF SERVICE	.00 .00 .00 .00 .00 .00 .00 TH-OF-PAYMENT REPOR EGARD - FAMILIES	.00 .00 .00 .00 .00 .00 .00 RT FOR JAN 20 DISCONTINU	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 2003	.00 .00 .00 .00 .00 .00 .00 PAGE 9,010 01/29/04
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  00 ELIGIBLES  @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES MONDENTAL CES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$	.00 .00 .00 .00 .00 .00 .00 TH-OF-PAYMENT REPOR EGARD - FAMILIES EXPENDITURES AV	.00 .00 .00 .00 .00 .00 .00 .00 RT FOR JAN 20 DISCONTINUE VERAGE COST TO THE C	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 2003 HLY AVERAG COST PER USER .00	.00 .00 .00 .00 .00 .00 .00 .00 PAGE 9,010 01/29/04 SE
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0	S AND EXPENDITURES MONDENTAL CES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	.00 .00 .00 .00 .00 .00 .00 TH-OF-PAYMENT REPOR EGARD - FAMILIES EXPENDITURES AN PR	.00 .00 .00 .00 .00 .00 .00 .00 RT FOR JAN 20 DISCONTINUE VERAGE COST ER UNIT/DAY .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 2003 HLY AVERAGE COST PER USER .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 PAGE 9,010 01/29/04 GE COST PER ELIGIBLE \$ .00
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0	S AND EXPENDITURES MONDENTAL CES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	.00 .00 .00 .00 .00 .00 .00 TH-OF-PAYMENT REPOR EGARD - FAMILIES EXPENDITURES AV PR .00 \$ .00	.00 .00 .00 .00 .00 .00 .00 .00 RT FOR JAN 2 DISCONTINU	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 2003 HLY AVERAGE COST PER USER .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 PAGE 9,010 01/29/04 GE
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS  0 0 0 0	S AND EXPENDITURES MONDENTAL CES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 TH-OF-PAYMENT REPOR EGARD - FAMILIES EXPENDITURES AV PR .00 \$ .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 ET FOR JAN 2 DISCONTINUE VERAGE COST TO SER UNIT/DAY .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .2003 HLY AVERAG COST PER USER .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 PAGE 9,010 01/29/04 GE COST PER ELIGIBLE \$ .00 .00
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0	S AND EXPENDITURES MONDENTAL CES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	.00 .00 .00 .00 .00 .00 .00 TH-OF-PAYMENT REPOR EGARD - FAMILIES EXPENDITURES AV PR .00 \$ .00	.00 .00 .00 .00 .00 .00 .00 .00 RT FOR JAN 2 DISCONTINU	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .2003 HLY AVERAG COST PER USER .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 PAGE 9,010 01/29/04 GE
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS  0 0 0 0	S AND EXPENDITURES MONDENTAL CES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 TH-OF-PAYMENT REPOR EGARD - FAMILIES EXPENDITURES AV PR .00 \$ .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 RT FOR JAN 2 DISCONTINU VERAGE COST ER UNIT/DAY .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .2003 HLY AVERAG COST PER USER .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 PAGE 9,010 01/29/04 GE COST PER ELIGIBLE \$ .00 .00 .00
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS  0 0 0 0 0 0 0	S AND EXPENDITURES MONDENTAL CES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 TH-OF-PAYMENT REPOR EGARD - FAMILIES EXPENDITURES AV PI .00 \$ .00 .00	.00 .00 .00 .00 .00 .00 .00 RT FOR JAN 20 DISCONTINUE VERAGE COST 10 ER UNIT/DAY .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .2003 HLY AVERAGE COST PER USER .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 PAGE 9,010 01/29/04 GE COST PER ELIGIBLE \$ .00 .00 .00
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS  0 0 0 0 0 0 0 0	S AND EXPENDITURES MONDENTAL CES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 TH-OF-PAYMENT REPORE EGARD - FAMILIES  EXPENDITURES AV PR .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 .00 .00 .00 RT FOR JAN 20 DISCONTINUE VERAGE COST 10 VERAGE COST 10 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 PAGE 9,010 01/29/04 GE COST PER ELIGIBLE \$ .00 .00 .00
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS  0 0 0 0 0 0 0 0 0 0	S AND EXPENDITURES MONDENTAL CES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 TH-OF-PAYMENT REPOREMENT REPOREMENT REPOREMENT REPOREMENT REPOREMENT REPOREMENT PROPERTY AND PROPERTY A	.00 .00 .00 .00 .00 .00 .00 .00 RT FOR JAN 20 DISCONTINUE VERAGE COST 10 ER UNIT/DAY .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .2003 HLY AVERAGE COST PER USER .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 PAGE 9,010 01/29/04 GE COST PER ELIGIBLE \$ .00 .00 .00 .00
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS  0 0 0 0 0 0 0 0	S AND EXPENDITURES MONDENTAL CES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 TH-OF-PAYMENT REPORE EGARD - FAMILIES  EXPENDITURES AV PR .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 .00 .00 .00 RT FOR JAN 20 DISCONTINUE VERAGE COST 10 VERAGE COST 10 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 PAGE 9,010 01/29/04 GE COST PER ELIGIBLE \$ .00 .00 .00
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOPO 24 NEVADA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS  0 0 0 0 0 0 0 0 0 0	S AND EXPENDITURES MONDENTAL CES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0	.00 .00 .00 .00 .00 .00 .00 .00 TH-OF-PAYMENT REPOREMENT REPOREMENT REPOREMENT REPOREMENT REPOREMENT REPOREMENT PROPERTY AND PROPERTY A	.00 .00 .00 .00 .00 .00 .00 .00 RT FOR JAN 20 DISCONTINUE VERAGE COST 10 ER UNIT/DAY .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .2003 HLY AVERAGE COST PER USER .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 PAGE 9,010 01/29/04 GE COST PER ELIGIBLE \$ .00 .00 .00 .00

DADIO /DATIIOI OCV	0	0	.00	.00	.000	.00	0.0
RADIO./PATHOLOGY	U	U					.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
MEDICAL SURGERY	0	0		.00	.00		.00		.00
	0	0				.000			
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	Ş	.00 \$	.00	.000 \$		\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUE	RES MONTH-OF	-PAYMENT REPO	RT FOR JAN 20	03 THRU DEC	2003	PAGE	9,011
MOP024	FEE-FOR-SERVICE/DENTAL							01	/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR	TITLE 1	II DISREGARI	- FAMILIES	DISCONTINUE	D			
				_		MONTE	ILY AVERAC	E	

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	0.0	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000 \$		\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MONTH-OF	-PAYMENT RE	PORT F	FOR JAN 2	2003 THRU I	EC 2	2003	PAGE	9,012
MOP024	FEE-FOR-SERVICE/DENTAL									01	1/29/04
NIDITA DA COLINDA	CITAMANDIA OF CERTIFICATION FOR		TT DIGDEGADE		ъ.	COOSTELLATE	TED				

NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (	COST PER	COST PER
00 221012220	002110	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

USERS UNITS OF SERVICE

OR DAYS OF CARE

1,097 ELIGIBLES

NEVADA COUNTY	SUMMARY OF SERV	ICES FOR TITLE II	DISREGAR	D - TOTAL							
							M	-		_	
1,097 ELIGIBLES	USERS	UNITS OF SERVICE	EX	PENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CARE			PER	UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	896	9,023 \$		501,623.66	\$	55.59	8.225	\$	559.85	\$	457.27
@PHYSICIANS SERVICES	155	539 \$		5,564.09	\$	10.32	.491	\$	35.90	\$	5.07
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	Ô	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
INPATIENT VISITS	0	0				.00	.000				.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	Ö		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	155	539		5,564.09					35.90		5.07
OTHER SERVICES/ALL X-OVERS					4	10.32	.491	۸.		4	
@PHARMACY	806	6,608 \$		328,222.45	\$	49.67	6.024	Þ		Þ	299.20
PRESCRIPTION DRUGS	801	3,440		324,852.67		94.43	3.136		405.56		296.13
SNF/ICF	22	141		10,761.86		76.33	.129		489.18		9.81
OUTPATIENTS	782	3,299		314,090.81		95.21	3.007		401.65		286.32
MEDICAL SUPPLIES	49	3,168		3,369.78		1.06	2.888		68.77		3.07
@DENTIST	38	167 \$		7,873.00	\$	47.14	.152	Ş	207.18	Ş	7.18
VISITS - DIAGNOSTIC	25	69		1,009.00		14.62	.063		40.36		.92
ORAL SURGERY	7	45		1,981.00		44.02	.041		283.00		1.81
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	10	18		1,463.00		81.28	.016		146.30		1.33
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	9	33		3,420.00		103.64	.030		380.00		3.12
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	2		.00		.00	.002		.00		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	MONTH-O		EDUBL			DEC		D	AGE 9,014
MOP024	FEE-FOR-SERVICE		. 1.1014111-0		01(1	ION UAN	2000 11110	<i>-</i> 110	2000		01/29/04
NEVADA COUNTY		ICES FOR TITLE II	DICDECND	D - TOTAI							01/29/04
MINDA COUNTI	POLITICAL OF PERI	TODO FOR TITLE II	PINTURAR	LOIAL			M	רייות (	HIV VILDV	CF	
							IvI	OTA T	אאיהיא איייי	ندت	

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

PER UNIT/DAY PER ELIG USER

ELIGIBLE

@OPTOMETRIST	22	60	\$	1,209.98	\$	20.17	.055	\$	55.00	\$	1.10
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	3 19	3 54		142.35 947.42		47.45 17.54	.003 .049		47.45 49.86		.13 .86
OTHER OPTOMETRIC SERVICES	3	3		120.21		40.07	.003		49.80		.11
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	٧	.00	٧	.00	.000	٧	.00	٧	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	15	16	\$	89.57	\$	5.60	.015	\$	5.97	\$	.08
MEDICINE/INJECTIONS	0	0	τ	.00	τ	.00	.000	Υ	.00	т	.00
SURGERY/ANES.	0	Ō		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	15	16		89.57		5.60	.015		5.97		.08
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	1	13	\$ \$	28.02	\$	2.16	.012	\$	28.02	\$	.03
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	106	438	\$	24,759.95	\$	56.53	.399	\$	233.58	\$	22.57
HOSP INPATIENT TOTAL	23	93		17,791.97		191.31	.085		773.56		16.22
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM ANCILLARIES	0	0		.00		.00	.000		.00		.00 .00
INPATIENT CROSSOVERS	23	93		17,791.97		191.31	.085		773.56		16.22
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	85	345		6,967.98		20.20	.314		81.98		6.35
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	2		48.30		24.15	.002		24.15		.04
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	83	343		6,919.68		20.17	.313		83.37		6.31
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES M	MONTH-OF-PAYMENT R	EPOR:	r for Jan :	2003 THRU	DEC	2003	PA	GE 9,015
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR TITLE	II DI	ISREGARD - TOTAL							
1 007 ELIGIBLES	HOEDO	IINITUO OE GERVITO	D.	EADENIOIMIDEC	71 7 7 7	DACE COCE	M				OCT DED
1,097 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CAR		EXPENDITURES		ERAGE COST R UNIT/DAY			COST PER USER		OST PER LIGIBLE
@COMMUNITY HOSPITAL TOTAL	106	438	ь \$	24,759.95	\$	56.53	.399		233.58		22.57
	100	150	~	21,732.23	٧	50.55	. 377	~	255.50	٧	22.57

COMM HOSP INPATIENT TOTAL	23	93	17,791.97	191.31	.085	773.56	16.22
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	23	93	17,791.97	191.31	.085	773.56	16.22
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	85	345	6,967.98	20.20	.314	81.98	6.35
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	48.30	24.15	.002	24.15	.04
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	83	343		6,919.68		20.17	.313		83.37		6.31
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	18	179	\$	34,315.36	\$	191.71	.163	\$	1906.41	\$	31.28
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	18	179		34,315.36		191.71	.163		1906.41		31.28
@INTERMEDIATE CARE FACILDD	7	310	\$	56,664.90	\$	182.79	.283	\$	8094.99	\$	51.65
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	7	310		56,664.90		182.79	.283		8094.99		51.65
@HEMODIALYSIS TOTAL	3	5	\$	1,859.77	\$	371.95	.005	\$	619.92	\$	1.70
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	3	5		1,859.77		371.95	.005		619.92		1.70
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	28	48	\$	5,179.44	\$	107.91	.044	\$	184.98	\$	4.72
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	28	48		5,179.44		107.91	.044		184.98		4.72
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDIT	URES M	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PAG	GE 9,016
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DI	SREGARD - TOTAL							
							M	ONT	HLY AVERA	GE	

					MON	IHLI AVERA	GE
1,097 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	123	640 \$	35,857.13	\$ 56.03	.583 \$	291.52	\$ 32.69
DURABLE MED. EQUIP.	3	9	6,245.37	693.93	.008	2081.79	5.69
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3	675.75	225.25	.003	225.25	.62
MEDICAL TRANSPORTATION	3	76	123.11	1.62	.069	41.04	.11
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	57	90.45	1.59	.052	90.45	.08
OTHER SERVICES	2	19	32.66	1.72	.017	16.33	.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	25	330	22,953.29	69.56	.301	918.13	20.92
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	20	39	511.76	13.12	.036	25.59	.47
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	7	10	188.71	18.87	.009	26.96	.17
PROSTHETICS	7	10	188.71	18.87	.009	26.96	.17
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	6	79.69	13.28	.005	19.92	.07
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	63	167	5,079.45	30.42	.152	80.63	4.63
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	310	1,648	\$ 52,770.60	\$ 32.02	1.502	\$ 170.23	\$ 48.10

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,017
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18 ----- MONTHLY AVERAGE -----USERS 654 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 273,412.16 \$ 25.87 16.161 \$ 529.87 \$ 418.06 2,271.98 \$ 17.08 .203 \$ 32.46 \$ 3.47 516 70 10,569 @TOTAL, ALL PROVIDERS .203 \$ 32.46 \$ 3.47 @PHYSICIANS SERVICES 133 0 OUTPATIENT VISITS 0 .00 .000 .00 .00 .00 . 00 OFFICE VISITS HOME VISITS .00 .00 EMERGENCY ROOM .00 .00 PREVENTIVE CARE .00 .00 OB VISITS/COMPRE PERI .00 OTHER OUTPATIENT .00 INPATIENT VISITS .00 .00 .00 HOSPITAL VISITS .00 CRITICAL CARE .00 .00 SNF/ICF/TRANS IP CARE .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 EXAMINATIONS .00 .00 .00 .00 SERVICES AND MATERIALS .00 .00 INPATIENT HOSPITAL SURGERY . 00 .00 PRINCIPAL SURGEON .00 .00 .00 ASSISTANT SURGEON .00 ANESTHESIOLOGIST . 00 .00 OUTPATIENT SURGERY .00 PRINCIPAL SURGEON .00 .00 .00 .00 ASSISTANT SURGEON .00 .00 ANESTHESIOLOGIST .00 DIALYSIS .00 .00 .00 .00 PATHOLOGY .00 .00 RADIOLOGY .00 .00 .00 .00 .000 .00 **PSYCHIATRY** .00 .00 .000 .00 IMMUNIZATION AND INJECTION Ω 0 .00 .00 133 2,271.98 OTHER SERVICES/ALL X-OVERS 70 17.08 .203 32.46 3.47 7,899 141,810.84 \$ 17.95 @PHARMACY 450 12.078 \$ 315.14 \$ 216.84 136,712.68 66.04 3,543.58 84.37 133,169.10 65.67 5,098.16 .87 PRESCRIPTION DRUGS 449 2,070 3.165 304.48 209.04 9 4.2 .064 393.73 SNF/ICF 5.42 2,028 5,829 OUTPATIENTS 443 3.101 300.61 203.62 8.913 54 94.41 7.80 MEDICAL SUPPLIES 30 1,700.00 \$ 56.67 .046 \$ @DENTIST 242.86 \$ 2.60 .011 VISITS - DIAGNOSTIC 43.00 .20 45.00 .003 .00 .000 .00 .000 .00 .000 .00 .000 62.29 .011 45.00 ORAL SURGERY .14 **DRUGS** .00 .00 ANESTHESIA 0 . 00 .00 PERIODONTICS .00 .00 .00 .00 ENDODONTICS .00 62.29 436.00 RESTORATIVE DENTISTRY 145.33 .67 /4.64 .00 0 .00 .000 .00 PROSTHETICS .00 1,045.00 14 .021 348.33 1.60 DENTURES, STAYPLATES SPACE MAINTAINERS 0 .00 .000 .00 .00

0 MAXILLOFACIAL SERVICES 0 .00 .00 .000 .00 .00 .00 0 0 .00 .00 FRACTURES, DISLOCATIONS .000 .00 ORTHODONTIC SERVICES 0 0 .00 .00 .000 .00 .00 0 0 .00 ALL OTHER SERVICES .00 .000 .00 .00

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 9,018

01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL

#CALIF DEPT OF HEALTH SERV

NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

NEVADA COUNTY	SUMMARY OF SERV	JICES FOR IN HOME	SUPE	PORT - AGED		AID CODE					
							MC			GE.	
654 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		S			COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	2	6	\$	106.22	\$	17.70	.009	\$	53.11	\$	.16
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	2	6		106.22		17.70	.009		53.11		.16
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	14	16	\$	167.36	\$	10.46	.024	\$	11.95	\$	. 26
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	14	16		167.36		10.46	.024		11.95		.26
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00		\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00		\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00		\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00		\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	2	2	\$	42.10	\$	21.05		\$	21.05	\$	.06
@TOTAL HOSPITAL	65	276	\$	20,724.94	\$	75.09		\$	318.85	\$	31.69
HOSP INPATIENT TOTAL	21	50		16,094.64		321.89	.076		766.41		24.61
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	21	50		16,094.64		321.89	.076		766.41		24.61
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	45 0	226		4,630.30		20.49	.346		102.90		7.08
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT		226		4,630.30		20.49	.346		102.90		7.08
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	Ġ	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	•	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	Ő		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	Ö		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	Ŏ	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

 
 RADIOLOGY
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 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,019 01/29/04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EAFENDITORS .......

MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

AID CODE 18

------ MONTHLY AVERAGE ------
OCST. DEB. COST. DEB. COST. DEB. COST. DEB. UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 276 \$ 20,724.94 \$ 75.09 .422 \$ 318.85 \$ 31.69 50 16,094.64 321.89 .076 766.41 24.61 654 ELIGIBLES USERS

@COMMUNITY HOSPITAL TOTAL 65
COMM HOSP INPATIENT TOTAL 21 | PER UNIT/DAY | PER ELIG | USER | 20,724,94 | \$ 75.09 | .422 | \$ 318.85 | \$ 31.69 | 16,094.64 | 321.89 | .076 | 766.41 | 24.61 | .00 | .00 | .000 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | . 21
0
ACCOMMODATIONS
0
ADMINISTRATIVE DAYS
0
TRANSITIONAL IP CARE
0
ALL OTHER ACCOM
ANCILLARIES
0
INPATIENT CROSSOVERS
21
ALL OTHER INPATIENT
0
COMM HOSP OUTPATIENT TOTAL
SURGERY
PATHOLOGY
RADIOLOGY 0 0 0 0 0 50 0 226 0 0 0 0 0 0 0 45 226 0 0 \$ SURGERY
PATHOLOGY
RADIOLOGY
ROOM USE RADIOLOGI
ROOM USE
CROSSOVERS/ALL OTH OUTPTNT
45 @STATE HOSPITAL 0 0 #HEMODIALYSIS TOTAL 0
HOSPITAL BASED 0
HEMODIALYSIS CENTER 0
@REHABILITATION FACILITY 0
HOSPITAL BASED 0
INDEPENDENT FACILITY 0
@LABORATORY FACILITY 0
PATHOLOGY 0
SORGANIZED OVER .00 .00 
 @LABORATORY FACILITY
 0

 PATHOLOGY
 0

 XO AND OTHERS
 0

 @ORGANIZED OUTPATIENT CLINIC
 13

 CLINIC
 0

 SURGICENTER
 0
 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,020 MOP024 FEE-FOR-SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18 01/29/04

----- MONTHLY AVERAGE -----654 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	158	1,829 \$	61,133.88	\$ 33.42	2.797 \$	386.92	\$ 93.48
DURABLE MED. EQUIP.	2	2	79.41	39.71	.003	39.71	.12
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	50.00	25.00	.003	25.00	.08
MEDICAL TRANSPORTATION	1	11	30.65	2.79	.017	30.65	.05
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	11	30.65	2.79	.017	30.65	.05
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	50	741	51,446.58	69.43	1.133	1028.93	78.66
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	16	199.20	12.45	.024	24.90	.30
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	3	6	5.96	.99	.009	1.99	.01
PROSTHETIST/ORTHOTISTS	7	14	1,300.19	92.87	.021	185.74	1.99
PROSTHETICS	7	14	1,300.19	92.87	.021	185.74	1.99
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	2	227.24	113.62	.003	227.24	.35
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	100	1,035	7,794.65	7.53	1.583	77.95	11.92
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	207	997	\$ 36,880.03	\$ 36.99	1.524	\$ 178.16	\$ 56.39

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,021 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

NEVADA COUNTI	DOMMAKI OF DERV	TCED FOR	TIA HOUR	DOFFORT	DITIND		AID CODE	20				
								Mo	TMC	HLY AVERA	GΕ	
81 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	S	COST PER	,	COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	66		942	\$	81,045.35	\$	86.04	11.630	\$	1227.96	\$	1000.56
@PHYSICIANS SERVICES	26		268	\$	1,147.05	\$	4.28	3.309	\$	44.12	\$	14.16
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	26		268		1,147.05		4.28	3.309		44.12		14.16
@PHARMACY	52		326	\$	44,961.67	\$	137.92	4.025	\$	864.65	\$	555.08
PRESCRIPTION DRUGS	51		325		44,950.97		138.31	4.012		881.39		554.95
SNF/ICF	2		13		667.04		51.31	.160		333.52		8.24
OUTPATIENTS	49		312		44,283.93		141.94	3.852		903.75		546.72
MEDICAL SUPPLIES	1		1		10.70		10.70	.012		10.70		.13
@DENTIST	1		3	\$	83.00	\$	27.67	.037	\$	83.00	\$	1.02

VISITS - DIAGNOSTIC								
ORAL SURGERY O	VISITS - DIAGNOSTIC	1	3	83.00	27.67	.037	83.00	1.02
AMESTHESIA 0 0 0 0 00 00 00 00 00 00 00 00 00 00	ORAL SURGERY	0	0	.00	.00	.000	.00	.00
PERIODONTICS	DRUGS	0	0	.00	.00	.000	.00	.00
ENDODONTICS 0 0 0 0 0 0 00 00 00 00 00 00 00 00 00	ANESTHESIA	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY  RESTORATION DENTISTRY	PERIODONTICS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	ENDODONTICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES 0 0 0 0.00 .00 .00 .00 .00 .00 .00 SPACE MAINTAINERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	PROSTHETICS	0	0	.00	.00		.00	
MAXILLOFACIAL SERVICES         0         0         .00	DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS 0 0 0 0.00 .00 .000 .000 .000 .000 .0	SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		0	0	.00	.00	.000	.00	
ALL OTHER SERVICES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,022 01/29/04 SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28  **SUMMARY OF SERVICES FOR		0	0					
MOP024		0	0					
NEVADA COUNTY			XPENDITURE	S MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DE	C 2003	
Note								01/29/04
81 ELIGIBLES	NEVADA COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT - BLIND	AID CODE			
OR DAYS OF CARE         PER UNIT/DAY PER ELIG         USER         ELIGIBLE           @OPTOMETRIST         0         \$         .00         \$         .00         .00         .00         \$         .00         \$         .00						_		
@OPTOMETRIST         0         0         \$         .00         \$         .00 <td>81 ELIGIBLES</td> <td></td> <td></td> <td>EXPENDITURES</td> <td></td> <td></td> <td></td> <td></td>	81 ELIGIBLES			EXPENDITURES				
DIAGNOSTIC AND ANC. PROCED         0         0         .00		OR DAY	S OF CARE	+				
EYE APPLIANCES       0       0       .00		0	0	•				
OTHER OPTOMETRIC SERVICES         0         0         .00         .00         .00         .00         .00           @CHIROPRACTOR         0         0         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         <		0	0					
@CHIROPRACTOR       0       0       \$       .00       \$       .00       \$       .00       \$       .00         VISITS       0       0       .00       .00       .00       .00       .00       .00		0	0					
VISITS 0 0 .00 .00 .00 .00 .00 .00		0	0					
		0	0		•			•
OTHER SERVICES 0 .00 .00 .00 .00 .00		0	0					
		U 4	U					
@PODIATRIST 4 8 \$ 109.94 \$ 13.74 .099 \$ 27.49 \$ 1.36 MEDICINE/INJECTIONS 0 0 .00 .00 .00 .00 .00		0	0					

		OR DAYS OF CARE	1		PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00	.00
EYE APPLIANCES	0	0		.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	4	8	\$	109.94	\$	13.74	.099	\$ 27.49	\$ 1.36
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	4	8		109.94		13.74	.099	27.49	1.36
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	15	74	\$	3,603.73	\$	48.70	.914	\$ 240.25	\$ 44.49
HOSP INPATIENT TOTAL	3	17		2,520.00		148.24	.210	840.00	31.11
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	3	17		2,520.00		148.24	.210	840.00	31.11
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	12	57		1,083.73		19.01	.704	90.31	13.38
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	1	2		14.29		7.15	.025	14.29	.18
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	_ 0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	11	55		1,069.44		19.44	.679	97.22	13.20
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	Ō		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	Ô	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
	0	0						
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	U	U	.00	.00	.000	.00		.00
PATHOLOGY	U	U	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT		0	.00	.00	.000	.00		.00
		ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	003 THRU DEC	2003		E 9,023
MOP024	FEE-FOR-SERVICE	/DENTAL					(	01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR IN HOME SU	PPORT - BLIND	AID CODE				
					MONT	HLY AVERA	GE	
81 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COS	ST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	EL:	IGIBLE
@COMMUNITY HOSPITAL TOTAL	15	74 \$	3,603.73	\$ 48.70	.914 \$	240.25	\$	44.49
COMM HOSP INPATIENT TOTAL	3	17	2,520.00	148.24	.210	840.00	•	31.11
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	Ő	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	2	17	2,520.00	148.24	.210	840.00		31.11
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
	12	57	1,083.73	19.01	.704	90.31		13.38
COMM HOSP OUTPATIENT TOTAL		0	•					
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY		U	.00	.00	.000	.00		.00
PATHOLOGY	1	2	14.29	7.15	.025	14.29		.18
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	_0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	11	55	1,069.44	19.44	.679	97.22		13.20
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	3	65 \$	19,138.54	\$ 294.44	.802 \$	6379.51	\$ :	236.28
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	3	65	19,138.54	294.44	.802	6379.51		236.28
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
ICF DDH	0	0	.00	.00	.000	.00	-	.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	19	28 \$	10,202.60	\$ 364.38	.346 \$		\$ :	125.96
HOSPITAL BASED	0	0	.00	.00	.000	.00	т.	.00
HEMODIALYSIS CENTER	19	28	10,202.60	364.38	.346	536.98		125.96
@REHABILITATION FACILITY	0	0 \$	10,202.00	\$ 00		00.00		00

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PATHOLOGY

@LABORATORY FACILITY

@REHABILITATION FACILITY

INDEPENDENT FACILITY

	-	_		1 026 00		006 00	0.7.4	4	0.45 0.0	4	15.06
@ORGANIZED OUTPATIENT CLINIC	5	6	Ş	1,236.00	Ş	206.00	.074	Ş	247.20	Ş	15.26
CLINIC	U	0		.00		.00	.000		.00		.00
SURGICENTER	U	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	Ü	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5	6		1,236.00		206.00	.0/4		247.20		15.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	RES MOI	NTH-OF-PAYMENT R	EPORT.	FOR JAN	2003 THRU	DEC	2003	PA	GE 9,024
MOP024 NEVADA COUNTY	FEE-FOR-SERVICE/DENTA	L 									01/29/04
		OR IN HOME	SUPP	ORT - BLIND		AID CODE	28			~-	
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE THE AMOUNTS ARE ALREADY IN			_				M				
81 ELIGIBLES	USERS UNITS	OF SERVICE		EXPENDITURES							OST PER
	OR D.	AYS OF CARE	i	562.82 .00 .00 .00 .136.96 .00 .118.22 .18.74 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER	UNIT/DAY	PER ELIG		USER		LIGIBLE
@ALL OTHER PROVIDERS	7	164	Ş	562.82	\$	3.43	2.025	Ş	80.40	\$	
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00 68.48		.00
MEDICAL TRANSPORTATION	2	139		136.96		.99	1.716		68.48		1.69
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	1	46		118.22		2.57	.568		118.22 18.74		1.46
OTHER SERVICES	1	93		18.74		.20	1.148		18.74		.23
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	1	1		.50		.50	.012		.50		.01
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	4	24		425.36		17.72	.296		106.34		5.25
@CALIF. CHILDREN SERVICES*	0	0	Ś	.00	\$	.00	.000	\$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	38	477	Ė	19,240.63	Ė	40.34	5.889		506.33		237.54
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARATE IN	FORMATION I	TEM O	NLY;				•			
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE APPROPRI	ATE DETAIL	LINES	ABOVE.							
** THESE DATA ARE INCLUDED I	N THE APPROPRIATE DETA	IL LINES AF	OVE.								
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUE	ES MOI	NTH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	PΑ	GE 9.025
MOP024	FEE-FOR-SERVICE/DENTA			-	-						01/29/04
MOP024 NEVADA COUNTY	SUMMARY OF SERVICES FO	OR IN HOME	SUPP	ORT - DISABLED		AID CODE	68				
							M	IONTH	HLY AVERA	GE -	
432 ELIGIBLES	USERS UNITS	OF SERVICE	]	EXPENDITURES	AVEI	RAGE COST					OST PER
		AYS OF CARE					PER ELIC				LIGIBLE
	011 2.	26 600	_	E 4 E 0 0 0 0 E		,			1 4 6 5 1 2		

						MO	NTHLY AVERA	ŒΕ	
432 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	373	36,697	\$	547,239.87	\$ 14.91	84.947	\$ 1467.13	\$	1266.76
@PHYSICIANS SERVICES	97	463	\$	8,577.96	\$ 18.53	1.072	\$ 88.43	\$	19.86
OUTPATIENT VISITS	17	28		1,306.66	46.67	.065	76.86		3.02
OFFICE VISITS	10	15		456.73	30.45	.035	45.67		1.06
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	9	12		819.93	68.33	.028	91.10		1.90
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	1	1		30.00	30.00	.002	30.00		.07
INPATIENT VISITS	9	33		1,866.10	56.55	.076	207.34		4.32

HOSPITAL VISITS	8	30	1,501.30	50.04	.069	187.66	3.48
CRITICAL CARE	2	3	364.80	121.60	.007	182.40	.84
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.002	57.79	.13
EXAMINATIONS	1	$\overline{1}$	57.79	57.79	.002	57.79	.13
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	5	308.64	61.73	.012	154.32	.71
PRINCIPAL SURGEON	2	5	308.64	61.73	.012	154.32	.71
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	3CR	239.20	79.73CR	.007CR	119.60	.55
PRINCIPAL SURGEON	1	1	234.18	234.18	.002	234.18	.54
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4CR	5.02	1.26CR	.009CR	5.02	.01
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	48.20	48.20	.002	48.20	.11

RADIOLOGY	13	19		359.73		18.93	.044		27.67		.83
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
	•										
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	79	379		4,391.64		11.59	.877		55.59		10.17
@PHARMACY	327	28,751	\$	208,248.43	\$	7.24	66.553	Ś	636.85	\$	482.06
PRESCRIPTION DRUGS	317	1,798	т	195,367.76	т.	108.66	4.162	т	616.30	-T	452.24
SNF/ICF	2	13		757.22		58.25	.030		378.61		1.75
OUTPATIENTS	315	1,785		194,610.54		109.03	4.132		617.81		450.49
MEDICAL SUPPLIES	56	26,953		12,880.67		.48	62.391		230.01		29.82
@DENTIST	31	92	\$	5,848.00	\$	63.57	.213	Ġ	188.65	Ġ	13.54
			Ą		Ą			Ą		Ą	
VISITS - DIAGNOSTIC	17	47		638.00		13.57	.109		37.53		1.48
ORAL SURGERY	6	18		853.00		47.39	.042		142.17		1.97
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
	1	1									
PERIODONTICS				.00		.00	.002		.00		.00
ENDODONTICS	2	3		780.00		260.00	.007		390.00		1.81
RESTORATIVE DENTISTRY	10	18		2,367.00		131.50	.042		236.70		5.48
PROSTHETICS	1	1		30.00		30.00	.002		30.00		.07
	2	4		1,180.00		295.00	.002		393.33		2.73
DENTURES, STAYPLATES	3	4									
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
·	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	-										
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MO	ONTH-OF-PAYMENT R	EPOR:	r for jan .	2003 THRU	DEC	2003	P	AGE 9,026
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
NEVADA COUNTY		ICES FOR IN HOME	CIIDI			AID CODE	60				01/25/01
NEVADA COUNTI	SOMMAKI OF SERV	ICES FOR IN HOME	SUPI	OKI - DISABIED		AID CODE				aп	
								-	HLY AVERA	_	
432 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	ZS	COST PER		COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIC	3	USER		ELIGIBLE
@OPTOMETRIST	4	15	Ś	305 40	Ś	20 36	035	Ś	76 35	Ś	71
@OPTOMETRIST	4	15	\$	305.40	\$	20.36	.035	\$	76.35	\$	.71
DIAGNOSTIC AND ANC. PROCED	4 1	1	\$	47.45	\$	47.45	.002	\$	47.45	\$	.11
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	4 1 4	1 12	\$		\$	47.45 17.70		\$	47.45 53.11	\$	.11 .49
DIAGNOSTIC AND ANC. PROCED	$\begin{array}{c} -4\\ 4\\ 1\end{array}$	1	\$	47.45	\$	47.45	.002	\$	47.45	\$	.11
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	$\begin{array}{c} -4\\ 4\\ 1\end{array}$	1 12	·	47.45 212.44 45.51	·	47.45 17.70 22.76	.002 .028 .005		47.45 53.11 45.51		.11 .49 .11
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	4 1 4 1 0	1 12 2 0	\$	47.45 212.44 45.51 .00	\$	47.45 17.70 22.76 .00	.002 .028 .005 .000		47.45 53.11 45.51 .00		.11 .49 .11 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	$\begin{array}{c} -4\\ 4\\ 1\end{array}$	1 12 2 0 0	·	47.45 212.44 45.51 .00	·	47.45 17.70 22.76 .00	.002 .028 .005 .000		47.45 53.11 45.51 .00		.11 .49 .11 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	$\begin{array}{c} -4\\ 4\\ 1\end{array}$	1 12 2 0 0	\$	47.45 212.44 45.51 .00 .00	\$	47.45 17.70 22.76 .00 .00	.002 .028 .005 .000 .000	\$	47.45 53.11 45.51 .00 .00	\$	.11 .49 .11 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	$\begin{array}{c} -4\\ 4\\ 1\end{array}$	1 12 2 0 0 0 3	·	47.45 212.44 45.51 .00	·	47.45 17.70 22.76 .00	.002 .028 .005 .000	\$	47.45 53.11 45.51 .00 .00		.11 .49 .11 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	$\begin{array}{c} -4\\ 4\\ 1\end{array}$	1 12 2 0 0	\$	47.45 212.44 45.51 .00 .00	\$	47.45 17.70 22.76 .00 .00	.002 .028 .005 .000 .000	\$	47.45 53.11 45.51 .00 .00	\$	.11 .49 .11 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	$\begin{array}{c} -4\\ 4\\ 1\end{array}$	1 12 2 0 0 0 3	\$	47.45 212.44 45.51 .00 .00 .00 .65.07	\$	47.45 17.70 22.76 .00 .00 .00 21.69	.002 .028 .005 .000 .000 .000	\$	47.45 53.11 45.51 .00 .00 .00 32.54	\$	.11 .49 .11 .00 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	$\begin{array}{c} -4\\ 4\\ 1\end{array}$	1 12 2 0 0 0 3 0	\$	47.45 212.44 45.51 .00 .00 .00 65.07 .00	\$	47.45 17.70 22.76 .00 .00 .00 21.69 .00	.002 .028 .005 .000 .000 .000	\$	47.45 53.11 45.51 .00 .00 .00 32.54 .00	\$	.11 .49 .11 .00 .00 .00 .15 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	$\begin{array}{c} -4\\ 4\\ 1\end{array}$	1 12 2 0 0 0 3 0 0	\$	47.45 212.44 45.51 .00 .00 .00 .65.07 .00 .00	\$	47.45 17.70 22.76 .00 .00 .00 21.69 .00 .00	.002 .028 .005 .000 .000 .000 .007 .000	\$	47.45 53.11 45.51 .00 .00 .00 32.54 .00 .00	\$	.11 .49 .11 .00 .00 .00 .15 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	4 1 0 0 0 2 0 0 0	1 12 2 0 0 0 3 0 0	\$	47.45 212.44 45.51 .00 .00 .00 65.07 .00 .00	\$	47.45 17.70 22.76 .00 .00 .00 21.69 .00 .00	.002 .028 .005 .000 .000 .000 .007	\$	47.45 53.11 45.51 .00 .00 .00 32.54 .00 .00 .00	\$	.11 .49 .11 .00 .00 .00 .15 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	4 1 0 0 0 2 0 0 0 2	1 12 2 0 0 0 0 3 0 0 0 0	\$	47.45 212.44 45.51 .00 .00 .00 .65.07 .00 .00	\$	47.45 17.70 22.76 .00 .00 .00 21.69 .00 .00	.002 .028 .005 .000 .000 .000 .007 .000	\$	47.45 53.11 45.51 .00 .00 .00 32.54 .00 .00	\$	.11 .49 .11 .00 .00 .00 .15 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	4 1 0 0 0 2 0 0 0	1 12 2 0 0 0 0 3 0 0 0 0	\$	47.45 212.44 45.51 .00 .00 .00 65.07 .00 65.07 .00	\$	47.45 17.70 22.76 .00 .00 .00 21.69 .00 .00 21.69	.002 .028 .005 .000 .000 .007 .000 .007	\$ \$	47.45 53.11 45.51 .00 .00 .00 32.54 .00 .00 .00 32.54 .00	\$ \$	.11 .49 .11 .00 .00 .00 .15 .00 .00 .15
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	4 1 0 0 0 2 0 0 0 2 0	1 12 2 0 0 0 0 3 0 0 0 0	\$	47.45 212.44 45.51 .00 .00 .00 65.07 .00 .00 65.07 .00 .00 .00	\$	47.45 17.70 22.76 .00 .00 .00 21.69 .00 .00 21.69 .00	.002 .028 .005 .000 .000 .007 .000 .000 .007	\$ \$	47.45 53.11 45.51 .00 .00 .00 32.54 .00 .00 32.54 .00	\$ \$	.11 .49 .11 .00 .00 .00 .15 .00 .00 .15
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	4 1 0 0 0 2 0 0 0 2 0 0	1 12 2 0 0 0 0 3 0 0 0 0 3 0 0	\$	47.45 212.44 45.51 .00 .00 .00 65.07 .00 .00 65.07 .00 .00 .00 .00 .00 .00	\$	47.45 17.70 22.76 .00 .00 .00 21.69 .00 .00 21.69 .00	.002 .028 .005 .000 .000 .007 .000 .000 .007	\$ \$ \$	47.45 53.11 45.51 .00 .00 .00 32.54 .00 .00 .32.54 .00 .00	·	.11 .49 .11 .00 .00 .00 .15 .00 .00 .15 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	4 1 0 0 0 2 0 0 0 2 0 0	1 12 2 0 0 0 0 3 0 0 0 0 3 0 0	\$	47.45 212.44 45.51 .00 .00 .00 65.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$	47.45 17.70 22.76 .00 .00 .00 21.69 .00 .00 .00 21.69 .00	.002 .028 .005 .000 .000 .007 .000 .000 .007	\$\$ \$\$ \$\$	47.45 53.11 45.51 .00 .00 .00 32.54 .00 .00 32.54 .00 .00	· · · · · · · · · · · · · · · · · · ·	.11 .49 .11 .00 .00 .00 .15 .00 .00 .15 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	4 1 0 0 0 2 0 0 0 2 0 0 0	1 12 2 0 0 0 0 3 0 0 0 0 3 0 0	\$	47.45 212.44 45.51 .00 .00 .00 65.07 .00 .00 65.07 .00 .00 .00 .00 .00 .00	\$	47.45 17.70 22.76 .00 .00 .00 21.69 .00 .00 21.69 .00	.002 .028 .005 .000 .000 .007 .000 .000 .007 .000 .000	ያ ያ ያ ያ ያ ያ	47.45 53.11 45.51 .00 .00 .00 32.54 .00 .00 .32.54 .00 .00	·	.11 .49 .11 .00 .00 .00 .15 .00 .00 .15 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	4 1 0 0 0 2 0 0 0 2 0 0	1 12 2 0 0 0 0 3 0 0 0 3 0 0 0	י ט ט ט ט ט ט ט	47.45 212.44 45.51 .00 .00 .00 65.07 .00 .00 .00 .00 .00 .00 .00 .00 .00		47.45 17.70 22.76 .00 .00 .00 21.69 .00 .00 .00 21.69 .00	.002 .028 .005 .000 .000 .007 .000 .000 .007 .000 .000	ያ ያ ያ ያ ያ ያ	47.45 53.11 45.51 .00 .00 .00 32.54 .00 .00 .32.54 .00 .00 .00	ው ው ው ው ው	.11 .49 .11 .00 .00 .00 .15 .00 .00 .15 .00
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DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	1 0 0 0 0 2 0 0 0 2 0 0 0 0 0 1 71 21	1 12 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 636 71 1	י ט ט ט ט ט ט ט	47.45 212.44 45.51 .00 .00 .00 .00 .65.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	·	47.45 17.70 22.76 .00 .00 .00 21.69 .00 .00 21.69 .00 .00 .00 .00 .00 .1.69 .00 .00 .1.69	.002 .028 .005 .000 .000 .000 .007 .000 .007 .000 .000 .000 .000 .000	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	47.45 53.11 45.51 .00 .00 .00 32.54 .00 .00 .00 .00 .00 .00 .00 .0	ው ው ው ው ው	.11 .49 .11 .00 .00 .00 .15 .00 .00 .15 .00 .00 .00 .00
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DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER  @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	1 0 0 0 0 2 0 0 0 0 0 0 0 0 1 71 21 1 5	1 12 2 0 0 0 0 3 0 0 0 0 0 0 0 0 0 1 636 71 1 29 29	י ט ט ט ט ט ט ט	47.45 212.44 45.51 .00 .00 .00 .00 65.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	·	47.45 17.70 22.76 .00 .00 .00 21.69 .00 .00 21.69 .00 .00 .00 .00 .00 .00 .00 .0	.002 .028 .005 .000 .000 .000 .007 .000 .000 .000	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	47.45 53.11 45.51 .00 .00 .00 32.54 .00 .00 .00 .00 .00 .00 .00 .0	ው ው ው ው ው	.11 .49 .11 .00 .00 .00 .15 .00 .00 .15 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
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DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	4 1 0 0 0 0 0 0 0 0 0 0 0 1 71 21 5 5 0 0	1 12 2 0 0 0 0 0 3 0 0 0 0 0 0 0 1 636 71 1 29 29	י ט ט ט ט ט ט ט	47.45 212.44 45.51 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	·	47.45 17.70 22.76 .00 .00 .00 21.69 .00 .00 21.69 .00 .00 .00 .00 .21.69 .00 .00 .00 .00 .00 .00 .00 .0	.002 .028 .005 .000 .000 .000 .007 .000 .000 .000	<i>\(\tau\)</i>	47.45 53.11 45.51 .00 .00 32.54 .00 .00 32.54 .00 .00 .00 .00 .00 .24.00 1249.72 3897.34 1210.00 13882.53 3293.00 .00 .00 .00	ው ው ው ው ው	.11 .49 .11 .00 .00 .00 .00 .00 .00 .00 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	1 0 0 0 0 0 0 0 0 0 0 0 0 0 1 71 21 1 5 5 0 0	1 12 2 0 0 0 0 0 0 0 0 0 0 0 0 0 1 636 71 1 29 29 0	י ט ט ט ט ט ט ט	47.45 212.44 45.51 .00 .00 .00 .00 .65.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	·	47.45 17.70 22.76 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.002 .028 .005 .000 .000 .000 .007 .000 .000 .000	<i>\(\tau\)</i>	47.45 53.11 45.51 .00 .00 .00 .00 .00 .00 .00 .0	ው ው ው ው ው	.11 .49 .11 .00 .00 .00 .15 .00 .00 .15 .00 .00 .00 .00 .00 .06 205.39 189.45 2.80 160.68 38.11 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	4 1 0 0 0 0 0 0 0 0 0 0 0 1 71 21 5 5 0 0 0 5 5	1 12 2 0 0 0 0 3 0 0 0 0 0 0 0 0 1 636 71 1 29 29 0	י ט ט ט ט ט ט ט	47.45 212.44 45.51 .00 .00 .00 .00 .65.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	·	47.45 17.70 22.76 .00 .00 .00 21.69 .00 .00 21.69 .00 .00 21.69 .00 .00 21.69 .00 .00 2393.51 1152.73 1210.00 2393.54 567.76 .00 .00 567.76 .00	.002 .028 .005 .000 .000 .007 .000 .000 .000 .000	<i>\(\tau\)</i>	47.45 53.11 45.51 .00 .00 .00 .32.54 .00 .00 .00 .00 .00 .00 .00 .0	ው ው ው ው ው	.11 .49 .11 .00 .00 .00 .00 .00 .00 .00 .00 .00
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DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ### TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	4 1 0 0 0 0 2 0 0 0 0 2 0 0 0 0 1 71 21 1 5 5 0 0 0 0 5 1 6	1 12 2 0 0 0 0 0 0 0 0 0 0 0 0 0 1 636 71 1 29 29 0 0 0 0	י ט ט ט ט ט ט ט	47.45 212.44 45.51 .00 .00 .00 .00 .65.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	·	47.45 17.70 22.76 .00 .00 .00 21.69 .00 .00 21.69 .00 .00 21.69 .00 .00 21.69 .00 .00 21.69 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.002 .028 .005 .000 .000 .000 .007 .000 .000 .000	<i>\(\tau\)</i>	47.45 53.11 45.51 .00 .00 .00 .32.54 .00 .00 .00 .32.54 .00 .00 .00 .00 .24.00 1249.72 3897.34 1210.00 13882.53 3293.00 .00 .00 .00 .00 .00 .00 .00	ው ው ው ው ው	.11 .49 .11 .00 .00 .00 .00 .15 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  ©CHIROPRACTOR VISITS OTHER SERVICES  ©PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  ©HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ©TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	1 0 0 0 0 0 0 0 0 0 0 0 0 0 1 71 21 1 5 5 0 0 0 0 5 1 5	1 12 2 0 0 0 0 0 0 0 0 0 0 0 0 0 1 636 71 1 29 29 0 0 0 0	י ט ט ט ט ט ט ט	47.45 212.44 45.51 .00 .00 .00 .00 .65.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	·	47.45 17.70 22.76 .00 .00 .00 21.69 .00 .00 21.69 .00 .00 21.69 .00 .00 21.69 .00 .00 21.69 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.002 .028 .005 .000 .000 .000 .000 .000 .000 .00	<i>\(\tau\)</i>	47.45 53.11 45.51 .00 .00 .00 .32.54 .00 .00 .00 .00 .00 .00 .00 .0	ው ው ው ው ው	.11 .49 .11 .00 .00 .00 .00 .15 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
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SURGERY	1	1		14.39	14.39	.002	14.39	.03
	8	29		373.58	12.88	.067	46.70	
PATHOLOGY								.86
RADIOLOGY	9	9		368.30	40.92	.021	40.92	.85
ROOM USE	10	14		622.99	44.50	.032	62.30	1.44
CROSSOVERS/ALL OTH OUTPTNT	45	510		5,477.57	10.74	1.181	121.72	12.68
	0	0	ė.	·				
@COUNTY HOSPITAL TOTAL	•		\$	.00	\$ .00	.000	·	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
	0	0						
ACCOMMODATIONS	U	Ü		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
	0	0						
ANCILLARIES	Ü	Ü		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
	0	0						
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
	0	0		.00	.00	.000	.00	.00
RADIOLOGY	U	U						
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	ES MONT	H-OF-PAYMENT RE	PORT FOR JAN	2003 THRII D	EC 2003	PAGE 9,027
	FEE-FOR-SERVICE		10111	II OI IIIIIIIII KE	HORT TOR OTH	2005 IIIIO D	DC 2005	01/29/04
MOP024								01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUPPOR	T - DISABLED	AID CODE	<b>E</b> 68		
						MO	NTHLY AVERA	AGE
432 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	PYACI PTIMIL T	COST PER	COST PER
432 EDIGIDDES	OSERS			EXFENDITORED				
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	71	636	\$	88,730.03	\$ 139.51		\$ 1249.72	\$ 205.39
COMM HOSP INPATIENT TOTAL	21	71		81,844.16	1152.73	.164	3897.34	189.45
HSC HOSPITALS	1	1		1,210.00	1210.00	.002	1210.00	2.80
	Ė							
NON-HSC HOSPITALS TOTAL	5	29		69,412.63	2393.54	.067	13882.53	160.68
ACCOMMODATIONS	5	29		16,465.00	567.76	.067	3293.00	38.11
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
	0							
ALL OTHER ACCOM	5	29		16,465.00	567.76	.067	3293.00	38.11
ANCILLARIES	5	0		52,947.63	.00	.000	10589.53	122.56
INPATIENT CROSSOVERS	16	41		11,221.53	273.70	.095	701.35	25.98
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
	-							
COMM HOSP OUTPATIENT TOTAL	53	565		6,885.87	12.19	1.308	129.92	15.94
MEDICAL	2	2		29.04	14.52	.005	14.52	.07
SURGERY	1	1		14.39	14.39	.002	14.39	.03
PATHOLOGY	_ Ω	29		373.58	12.88	.067	46.70	.86
	9							
RADIOLOGY		9		368.30	40.92	.021	40.92	.85
ROOM USE	10	14		622.99	44.50	.032	62.30	1.44
CROSSOVERS/ALL OTH OUTPTNT	45	510		5,477.57	10.74	1.181	121.72	12.68
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000		
	0		Ą					
MENTALLY ILL	•	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	2	13	\$	1,484.59	\$ 114.20		\$ 742.30	\$ 3.44
LEV A-INTERMEDIATE	0	0	Υ	.00	.00	.000	.00	.00
	~							
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
	0							
LEV B-TRANSITIONAL IP CARE	•	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2	13		1,484.59	114.20	.030	742.30	3.44
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	•	.00	.00	.000	.00	.00
	0	0						
ICF DD	U	U		.00	.00	.000	.00	.00

ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	27	23CR	\$	13,491.16	\$	586.57CR	.053CR\$	499.67	\$	31.23
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	27	23CR		13,491.16		586.57CR	.053CR	499.67		31.23
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000 \$	.00	\$	.00
HOSPITAL BASED	0	0	-	.00		.00	.000	.00	-	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	4	24	\$	218.08	\$	9.09	.056 \$	54.52	Ś	.50
PATHOLOGY	3	23	Ψ	214.65	Υ	9.33	.053	71.55	Ψ.	.50
XO AND OTHERS	1	1		3.43		3.43	.002	3.43		.01
@ORGANIZED OUTPATIENT CLINIC	24	41	\$	5,906.36	¢	144.06	.095 \$	246.10	Ċ	13.67
CLINIC CLINIC	0	0	Y	.00	Y	.00	.000	.00	Y	.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	24	41					.000			
RURAL HEALTH CLINIC			- N	5,906.36		144.06			ъ.	13.67
#CALIF DEPT OF HEALTH SERV			ES M	ONTH-OF-PAYMENT F	KEPORT	FOR JAN .	2003 THRU DEC	2003	PF	AGE 9,028
MOP024	FEE-FOR-SERVICE/									01/29/04
NEVADA COUNTY	SUMMARY OF SERVI	CES FOR IN HOME	SUP	PORT - DISABLED		AID CODE				
							MONT		_	
432 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
		OR DAYS OF CARE					PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	100	6,681	\$	214,340.79		32.08	15.465 \$		\$	
DURABLE MED. EQUIP.	4	19		2,817.41		148.28	.044	704.35		6.52
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	5	91		798.17		Ω 77	.211	159.63		1.85
AMBULANCES/AIR TRANS	4	64		733.86		11.47	.148	183.47		1.70
432 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	1	19 0 91 64 27 0 0 55 0		64.31		2.38	.063	64.31		.15
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADITE DAY HEATEH CADE CED	_	55		3,925.63		71.38	.127	654.27		9.09
CENTERTO DICENCE RECRINO	0	0		. 00		.00	.000	.00		.00
THMC MODEL NE NE AIDS MSSP	38	5 984		177,675.52		29.69	13.852	4675.67		411.29
OCCUDATIONAL THERADIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	4	8		100.14		12.52	.019	25.04		.23
PHYSICAL THERAPIST	0	0		.00.		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	19				54.56	.044	115.18		2.40
PROSINEIISI/ORIHOIISIS	38 0 4 0 0 9 9 0 0 0 5 0 9	19		1,036.60		54.56		115.18		2.40
PROSTHETICS	9	19		1,036.60			.044			
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	Ü	0		.00 18,530.86		.00	.000	.00		.00
HOSPICE SERVICES	5	153		18,530.86		121.12	.354	3706.17		42.90
NONINST BIRTHING CENTERS	0	0		.00		.00		.00		.00
LOCAL EDUCATION AGENCIES	9	116		1,058.32		9.12	.269	117.59		2.45
EPODI SUPPLEMENTAL SERVICE	0	U		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	39	236		8,398.14		35.59	.546	215.34		19.44
@CALIF. CHILDREN SERVICES*	1	320	\$	488.19	\$	1.53	.741 \$	488.19	\$	1.13
@XOVER EXCLUDING STATE HOSP**	148	7,225	\$	47,798.96	\$	6.62	16.725 \$	322.97	\$	110.65
@* TOTALS IN THESE LINES ARE					•		•			
THE AMOUNTS ARE ALREADY IN										
** THESE DATA ARE INCLIDED I										

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,029
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

1,167 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@TOTAL, ALL PROVIDERS	955	48,208 \$	3	901,697.38	\$	18.70	41.309 \$	944.19	\$	772.66
@PHYSICIANS SERVICES	193	864 \$		11,996.99	\$	13.89	.740 \$	62.16	\$	10.28
OUTPATIENT VISITS	17	28	•	1,306.66	-	46.67	.024	76.86	т	1.12
OFFICE VISITS	10	15		456.73		30.45	.013	45.67		.39
HOME VISITS	0	0		.00		.00	.000	.00		.00
	9									
EMERGENCY ROOM	_	12		819.93		68.33	.010	91.10		.70
PREVENTIVE CARE	0	0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	1	1		30.00		30.00	.001	30.00		.03
INPATIENT VISITS	9	33		1,866.10		56.55	.028	207.34		1.60
HOSPITAL VISITS	8	30		1,501.30		50.04	.026	187.66		1.29
CRITICAL CARE	2	3		364.80		121.60	.003	182.40		.31
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		57.79		57.79	.001	57.79		.05
EXAMINATIONS	1	1		57.79		57.79	.001	57.79		.05
	1	0								
SERVICES AND MATERIALS	0	Ū		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	2	5 5		308.64		61.73	.004	154.32		. 26
PRINCIPAL SURGEON	2			308.64		61.73	.004	154.32		.26
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	2	3CR		239.20		79.73CR	.003CR	119.60		.20
PRINCIPAL SURGEON	1	1		234.18		234.18	.001	234.18		.20
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	1	4CR		5.02		1.26CR	.003CR	5.02		.00
	0	0								
DIALYSIS	•			.00		.00	.000	.00		.00
PATHOLOGY	1	1		48.20		48.20	.001	48.20		.04
RADIOLOGY	13	19		359.73		18.93	.016	27.67		.31
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	175	780		7,810.67		10.01	.668	44.63		6.69
@PHARMACY	829	36,976 \$	5	395,020.94	\$	10.68	31.685 \$	476.50	Ś	338.49
PRESCRIPTION DRUGS	817	4,193	r	377,031.41	Υ	89.92	3.593	461.48	Ψ.	323.08
SNF/ICF	13	68		4,967.84		73.06	.058	382.14		4.26
OUTPATIENTS	807	4,125		372,063.57		90.20	3.535	461.05		318.82
MEDICAL SUPPLIES	111	32,783	4	17,989.53	4	.55	28.092	162.07		15.42
@DENTIST	39	125 \$	,	7,631.00	\$	61.05	.107 \$		Ş	6.54
VISITS - DIAGNOSTIC	21	57		850.00		14.91	.049	40.48		.73
ORAL SURGERY	8	20		943.00		47.15	.017	117.88		.81
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	1	1		.00		.00	.001	.00		.00
ENDODONTICS	2	3		780.00		260.00	.003	390.00		.67
RESTORATIVE DENTISTRY	13	25		2,803.00		112.12	.021	215.62		2.40
PROSTHETICS	1	1		30.00		30.00	.001	30.00		.03
	<u> </u>	18				123.61		370.83		1.91
DENTURES, STAYPLATES	0			2,225.00			.015			
SPACE MAINTAINERS	_	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	MON'	TH-OF-PAYMENT RE	EPOR'	T FOR JAN 2	003 THRU DE	2003	PΙ	AGE 9,030
MOP024	FEE-FOR-SERVIC									01/29/04
NEVADA COUNTY		VICES FOR IN HOME S	STIPPOI	RT - TOTAL						,,
TVE VIENT COCKTI	BOILINGT OF BEIN	VICES FOR IN HOLE S	01101	1011111			MON'	THIV AVERA	GE -	
1.167 ELIGIBLES	USERS	UNITS OF SERVICE		EADENDIALIDEG	7, 7, 7					COST PER
T'TO\ FTIGIDHES	CALCU			PVERINDITOURS						
AODEOMETED I CE		OR DAYS OF CARE	4	411 60		R UNIT/DAY				ELIGIBLE
@OPTOMETRIST	6	21 \$	2	411.62	Ş		.018 \$		Ş	.35
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45 17.70	.001	47.45		.04
EYE APPLIANCES	6	18		318.66				53.11		.27
OTHER OPTOMETRIC SERVICES	1	2		45.51		22.76	.002	45.51		.04

@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	20	27	\$ 342.37	\$ 12.68	.023	\$ 17.12	\$ .29
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	20	27	342.37	12.68	.023	17.12	.29
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	3	3	\$ 66.10	\$ 22.03	.003	\$ 22.03	\$ .06
@TOTAL HOSPITAL	151	986	\$ 113,058.70	\$ 114.66	.845	\$ 748.73	\$ 96.88
HOSP INPATIENT TOTAL	45	138	100,458.80	727.96	.118	2232.42	86.08
HSC HOSPITALS	1	1	1,210.00	1210.00	.001	1210.00	1.04

NON-HSC HOSPITAL TOTAL	E	29	69,412.63	2393.54	.025	13882.53	59.48
NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	5				.025	3293.00	14.11
ACCOMMODALIONS	0	∠ <i>9</i>	10,405.00		.000	.00	.00
TDANCTTIONAL TO CARE	0	29 0 0	.00		.000	.00	.00
ALL OTHER ACCOM	5	29	16 465 00	567.76	.025	3293.00	14.11
ANCTITADIFC	5	0	16,465.00 52,947.63	.00	.000	10589.53	45.37
TNDATTENT CDOCCOVEDC	40	108	29,836.17	.00	.093	745.90	25.57
ALL OTHER INPATIENT	0	0	.00		.000	.00	.00
HOSP OUTPATIENT TOTAL	110	848	12,599.90		.727	114.54	10.80
MEDICAL	2	2	29.04		.002	14.52	.02
SURGERY	1	1	14.39		.001	14.39	.01
PATHOLOGY	Q Q	31	387.87		.027	43.10	.33
RADIOLOGY	9	9	368.30		.008	40.92	.32
ROOM USE	10	14	622.99		.012	62.30	.53
CROSSOVERS/ALL OTH OUTPTNT		791	11,177.31		.678	110.67	9.58
@COUNTY HOSPITAL TOTAL	0		\$ .00		.000		
CO HOSPITAL INPATIENT TOTAL		0	.00		.000	.00	.00
HSC HOSPITALS	0	0	.00		.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.000	.00	.00
ACCOMMODATIONS	0	0	.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.000	.00	.00
TRANSITIONAL IP CARE	0	Ö	.00		.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	Ö	.00		.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.000	.00	.00
MEDICAL	0	0	.00		.000	.00	.00
SURGERY	0	0	.00		.000	.00	.00
PATHOLOGY	0	0	.00		.000	.00	.00
RADIOLOGY	0	0	.00		.000	.00	.00
ROOM USE	0	0	.00		.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.000	.00	.00
#CALIF DEPT OF HEALTH SERV		EXPENDITURES					PAGE 9,031
	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FO		SUPPORT - TOTAL				. , . , .
					MOI	NTHLY AVERA	GE
1,167 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	-		COST PER
_,	OR DA	YS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	151		\$ 113,058.70			\$ 748.73	
COMM HOSP INPATIENT TOTAL	45	138	100,458.80		.118	2232.42	86.08
HSC HOSPITALS	1	1	1,210.00		.001	1210.00	1.04
NON-HSC HOSPITALS TOTAL	5	29	69,412.63		.025	13882.53	59.48
ACCOMMODATIONS	5	29	16,465.00		.025	3293.00	14.11
ADMINISTRATIVE DAYS	0	0	.00		.000	.00	.00
TRANSITIONAL IP CARE	Ō	Ö	.00		.000	.00	.00
ALL OTHER ACCOM	5 5	29	16,465.00			3293.00	14.11
ANCILLARIES	5	0	52,947.63		.000	10589.53	45.37
TAIDAMIENIM CDOCCOVEDC	40	100	20 026 17		.000	745 00	25.57

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MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

MENTALLY ILL

DEVELOP. DISABLED

ROOM USE

INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

CROSSOVERS/ALL OTH OUTPTNT

ALL OTHER INPATIENT

@NURSING FACILITY	19	425	\$	64,746.64	\$	152.35	.364	\$	3407.72	\$	55.48
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	19	425		64,746.64		152.35	.364		3407.72		55.48
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	46	5	\$	23,693.76	\$	4738.75	.004	\$	515.08	\$	20.30
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	46	5		23,693.76		4738.75	.004		515.08		20.30
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	24	\$	218.08	\$	9.09	.021	\$	54.52	\$	.19
PATHOLOGY	3	23		214.65		9.33	.020		71.55		.18
XO AND OTHERS	1	1		3.43		3.43	.001		3.43		.00
@ORGANIZED OUTPATIENT CLINIC	42	78	\$	8,473.69	\$	108.64	.067	\$	201.75	\$	7.26
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	42	78		8,473.69		108.64	.067		201.75		7.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND I	EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPOR	T FOR JAN	2003 THRU	DEC	2003	PI	AGE 9,032
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR	R IN HOM	IE SUPI	PORT - TOTAL							
							M	ONT	HLY AVERA	GE -	

						NIULI AVEKA	
1,167 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	265	8,674 \$	276,037.49	\$ 31.82	7.433		
DURABLE MED. EQUIP.	6	21	2,896.82	137.94	.018	482.80	2.48
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	50.00	25.00	.002	25.00	.04
MEDICAL TRANSPORTATION	8	241	965.78	4.01	.207	120.72	.83
AMBULANCES/AIR TRANS	4	64	733.86	11.47	.055	183.47	.63
OTHER TRANS	3	84	213.18	2.54	.072	71.06	.18
OTHER SERVICES	1	93	18.74	.20	.080	18.74	.02
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	56	796	55,372.21	69.56	.682	988.79	47.45
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	38	5,984	177,675.52	29.69	5.128	4675.67	152.25
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	24	299.34	12.47	.021	24.95	.26
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	7	6.46	.92	.006	1.62	.01
PROSTHETIST/ORTHOTISTS	16	33	2,336.79	70.81	.028	146.05	2.00
PROSTHETICS	16	33	2,336.79	70.81	.028	146.05	2.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	6	155	18,758.10	121.02	.133	3126.35	16.07
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	116	1,058.32	9.12	.099	117.59	.91
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	143	1,295	16,618.15	12.83	1.110	116.21	14.24
@CALIF. CHILDREN SERVICES*	1	320 \$	488.19	\$ 1.53	.274	\$ 488.19	\$ .42

@XOVER EXCLUDING STATE HOSP\*\* 393 8,699 \$ 103,919.62 \$ 11.95 7.454 \$ 264.43 \$ 89.05

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,033 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

----- MONTHLY AVERAGE -----

NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

4,048 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,128	60,644 \$	1,531,615.41	\$ 25.26	14.981		
@PHYSICIANS SERVICES	579	2,208 \$	32,816.03	\$ 14.86	.545		
OUTPATIENT VISITS	6	7	346.78	49.54	.002	57.80	.09
OFFICE VISITS	5	, 6	238.70	39.78	.001	47.74	.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.000	108.08	.03
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	ĺ	4	151.20	37.80	.001	151.20	.04
HOSPITAL VISITS	1	4	151.20	37.80	.001	151.20	.04
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.000	57.79	.01
EXAMINATIONS	1	1	57.79	57.79	.000	57.79	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	1,489.20	1489.20	.000	1489.20	.37
PRINCIPAL SURGEON	1	1	1,489.20	1489.20	.000	1489.20	.37
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	1,005.21	1005.21	.000	1005.21	.25
PRINCIPAL SURGEON	1	1	1,005.21	1005.21	.000	1005.21	.25
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	18	68.70	3.82	.004	13.74	.02
RADIOLOGY	6	10	157.31	15.73	.002	26.22	.04
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	569	2,166	29,539.84	13.64	.535	51.92	7.30
@PHARMACY	2,762	49,972 \$		\$ 16.60	12.345		
PRESCRIPTION DRUGS	2,738	11,647	806,186.95	69.22	2.877	294.44	199.16
SNF/ICF	115	662	37,247.64	56.27	.164	323.89	9.20
OUTPATIENTS	2,642	10,985	768,939.31	70.00	2.714	291.04	189.96
MEDICAL SUPPLIES	224	38,325	23,312.97	.61	9.468	104.08	5.76
@DENTIST	92	294 \$		\$ 47.83	.073		
VISITS - DIAGNOSTIC	59	155	2,539.00	16.38	.038	43.03	.63
ORAL SURGERY	16 0	18	786.00	43.67	.004	49.13	.19
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	0 1	.00	.00	.000	.00	.00
PERIODONTICS	0	0	118.00	118.00 .00	.000	118.00	.03
ENDODONTICS RESTORATIVE DENTISTRY	25	58	.00 5,642.00	97.28	.000 .014	.00 225.68	1.39
PROSTHETICS	2	2	60.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	20	56	4,917.00	87.80	.014	245.85	1.21
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	4	.00	.00	.001	.00	.00
THE STILL SHIVEOLD	9	*	.00	. 5 0	.001	.00	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 9,034

01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

NEVADA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASS:	ISTANCE - AGED						~-	
4 040 HI TOTPI HG	HORDO	INTEG OF GERLIAGE			7. 7. 7.		MC				
4,048 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		5	COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	52	134	\$	2,610.17	\$	19.48	.033	Ş	50.20	Ş	.64
DIAGNOSTIC AND ANC. PROCED	2	2		94.90		47.45	.000		47.45		.02
EYE APPLIANCES	42	113		1,964.93		17.39	.028		46.78		.49
OTHER OPTOMETRIC SERVICES	13	19		550.34		28.97	.005		42.33		.14
@CHIROPRACTOR	5	8	\$	130.34	\$	16.29	.002	\$	26.07	\$	.03
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	5	8		130.34		16.29	.002		26.07		.03
@PODIATRIST	87	103	\$	747.46	\$	7.26	.025	\$	8.59	\$	.18
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	87	103		747.46		7.26	.025		8.59		.18
@HOME HEALTH AGENCY	1	6	\$	419.06	\$	69.84	.001	Ś	419.06	\$	.10
NURSE ANESTHESIST	_ 3	31	Š	83.85	Š	2.70	.008	\$	27.95	\$	.02
NURSE MIDWIFE	0	0	Š	.00	Š	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00	Š	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	4	5	Š	102.30	Š	20.46	.001		25.58	\$	.03
@TOTAL HOSPITAL	350	1,585	Š	100,684.49	Š	63.52	.392		287.67		24.87
HOSP INPATIENT TOTAL	83	271	٧	76,874.49	Υ	283.67	.067	٧	926.20	٧	18.99
HSC HOSPITALS	1	6		3,246.82		541.14	.001		3246.82		.80
NON-HSC HOSPITAL TOTAL	2	5		15,102.60		3020.52	.001		7551.30		3.73
ACCOMMODATIONS	2	5		1,764.73		352.95	.001		882.37		.44
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	5		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	5		1,764.73		352.95	.001		882.37		.44
ALL OTHER ACCOM	2	0		13,337.87		.00	.000		6668.94		3.29
ANCILLARIES	80	260		58,525.07		225.10	.064		731.56		14.46
INPATIENT CROSSOVERS	0	200		· · · · · · · · · · · · · · · · · · ·		.00	.000				.00
ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	272	~		.00 23,810.00		18.12	.325		.00 87.54		5.88
	1	1,314		131.39		131.39	.000		131.39		.03
MEDICAL	1	1 0				.00					.00
SURGERY	0	18		.00			.000		.00		
PATHOLOGY	7	2		231.30		12.85	.004		33.04		.06 .01
RADIOLOGY	0	0		51.88		25.94	.000		25.94		
ROOM USE				.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	' 264 0	1,293	4	23,395.43	d	18.09	.319	۲,	88.62	4	5.78
@COUNTY HOSPITAL TOTAL	-	0	\$	.00	\$	.00	.000	Þ	.00	Þ	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	U	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES 1	MONTH-OF-PAYMENT RE	:POR'	r for Jan 2	2003 THRU I	DEC	2003	Ρ	AGE 9,035

						MO	NTHLY AVERA	GE	
4,048 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	:		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	350	1,585	\$	100,684.49	\$ 63.52	.392	\$ 287.67	\$	24.87
COMM HOSP INPATIENT TOTAL	83	271		76,874.49	283.67	.067	926.20		18.99
HSC HOSPITALS	1	6		3,246.82	541.14	.001	3246.82		.80
NON-HSC HOSPITALS TOTAL	2	5		15,102.60	3020.52	.001	7551.30		3.73
ACCOMMODATIONS	2	5		1,764.73	352.95	.001	882.37		.44
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	2	5		1,764.73	352.95	.001	882.37		.44
ANCILLARIES	2	0		13,337.87	.00	.000	6668.94		3.29
INPATIENT CROSSOVERS	80	260		58,525.07	225.10	.064	731.56		14.46
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00

COMM HOSP OUTPATIENT TOTAL	272	1,314		23,810.00		18.12	.325		87.54		5.88
MEDICAL	1	1		131.39		131.39	.000		131.39		.03
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	7	18		231.30		12.85	.004		33.04		.06
RADIOLOGY	2	2		51.88		25.94	.000		25.94		.01
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	264	1,293		23,395.43		18.09	.319		88.62		5.78
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	125	2,711	\$	410,464.60	\$	151.41	.670	\$	3283.72	\$	101.40
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	125	2,711		410,464.60		151.41	.670		3283.72		101.40
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	15	19	\$	7,790.64	\$	410.03	.005	\$	519.38	\$	1.92
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	15	19		7,790.64		410.03	.005		519.38		1.92
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	74	124	\$	11,745.40	\$	94.72	.031	\$	158.72	\$	2.90
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	2		91.86		45.93	.000		91.86		.02
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	73	122		11,653.54		95.52	.030		159.64		2.88
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	JRES M	MONTH-OF-PAYMENT RI	EPOR:	r for Jan 2003	THRU	DEC	2003	PI	AGE 9,036
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR	PUBLIC	C ASSI	ISTANCE - AGED							

DOMINING OF DELIC	VICED FOR FUDDIC 1000.	IDITATED TROUD				
				MON	THLY AVERAG	E
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
486	3,444 \$	120,459.15	\$ 34.98	.851 \$	247.86	\$ 29.76
8	11	957.77	87.07	.003	119.72	.24
0	0	.00	.00	.000	.00	.00
24	29	3,633.25	125.28	.007	151.39	.90
9	106	352.86	3.33	.026	39.21	.09
0	0	.00	.00	.000	.00	.00
3	71	154.21	2.17	.018	51.40	.04
6	35	198.65	5.68	.009	33.11	.05
0	0	.00	.00	.000	.00	.00
88	1,245	86,518.59	69.49	.308	983.17	21.37
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
76	157	1,979.71	12.61	.039	26.05	.49
0	0	.00	.00	.000	.00	.00
7	20	19.77	.99	.005	2.82	.00
17	31	1,562.99	50.42	.008	91.94	.39
17	31	1,562.99	50.42	.008	91.94	.39
0	0	.00	.00	.000	.00	.00
	USERS  486 8 0 24 9 0 3 6	USERS UNITS OF SERVICE OR DAYS OF CARE  486 3,444 \$ 8 11 0 0 24 29 9 106 0 0 3 71 6 35 0 0 88 1,245 0 0 0 0 0 0 0 76 157 0 0 7 20 17 31	OR DAYS OF CARE  486 3,444 \$ 110,459.15 8 11 957.77 0 0 0 0 0 0 0 24 29 3,633.25 9 106 352.86 0 0 0 0 0 0 3 71 154.21 6 35 198.65 0 0 0 0 0 0 88 1,245 86,518.59 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS	USERS UNITS OF SERVICE OR DAYS OF CARE  486 3,444 \$ 120,459.15 \$ 34.98 .851 \$ 8 11 957.77 87.07 .003 .00 .00 .000 .000 .000 .000 .0	USERS UNITS OF SERVICE OR DAYS OF CARE  486 3,444 \$ 120,459.15 \$ 34.98 8.851 \$ 247.86  8 11 957.77 87.07 .003 119.72  0 0 0 .00 .00 .00 .000 .00  24 29 3,633.25 125.28 .007 151.39  9 106 352.86 3.33 .026 39.21  0 0 0 .00 .00 .00 .00 .00  3 71 154.21 2.17 .018 51.40  6 35 198.65 5.68 .009 33.11  0 0 0 .00 .00 .00 .00  88 1,245 86,518.59 69.49 .308 983.17  0 0 0 .00 .00 .00 .00  0 0 0 .00 .00 .

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	6	1,254.70	209.12	.001	250.94	.31
HOSPICE SERVICES	2	12	1,378.60	114.88	.003	689.30	.34
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	281	1,827	22,800.91	12.48	.451	81.14	5.63
@CALIF. CHILDREN SERVICES*	1	4	\$ 45.98	\$ 11.50	.001	\$ 45.98	\$ .01
@XOVER EXCLUDING STATE HOSP**	1,165	9,340	\$ 203,359.89	\$ 21.77	2.307	\$ 174.56	\$ 50.24

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 9,037

01/29/04

NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

NEVADA COUNTI	SUMMARI OF SER	VICES FOR PUBLIC .	ASSI	STANCE - BLIND		MON	א מבעד ע	CE	
698 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			_	COST PER
030 FFIGIRIES	USERS	OR DAYS OF CARE		EXPENDITORES	PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	536	29,190	\$	563,421.91	\$ 19.30	41.819 \$		\$	807.19
@PHYSICIANS SERVICES	175	29,190 972	۶ \$	19,231.20	\$ 19.30	1.393			27.55
OUTPATIENT VISITS	66	93	Þ	3,178.46	34.18	.133	48.16	Ą	4.55
OFFICE VISITS	42	60		1,602.92	26.72	.086	38.16		2.30
HOME VISITS	1	1		80.10	80.10	.001	80.10		.11
EMERGENCY ROOM	23	27		1,303.67	48.28	.039	56.68		1.87
PREVENTIVE CARE	0	0		1,303.67	.00	.039	.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.000	.00		.00
OTHER OUTPATIENT	5 5	5		.00 191.77	.00 38.35	.007	38.35		.00
	12	82			75.33	.117			8.85
INPATIENT VISITS	7	82 14		6,176.94			514.75		
HOSPITAL VISITS	/	31		712.78	50.91	.020	101.83		1.02
CRITICAL CARE	Ţ.			4,317.56	139.28	.044	4317.56		6.19
SNF/ICF/TRANS IP CARE	5	37		1,146.60	30.99	.053	229.32		1.64
OPHTHALMOLOGICAL SERVICES	3	3 3		99.04	33.01	.004	33.01		.14
EXAMINATIONS	3	3		99.04	33.01	.004	33.01		.14
SERVICES AND MATERIALS				.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	3	13		1,180.14	90.78	.019	393.38		1.69
PRINCIPAL SURGEON	2	5 0		979.52	195.90	.007	489.76		1.40
ASSISTANT SURGEON	0	•		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1	8		200.62	25.08	.011	200.62		.29
OUTPATIENT SURGERY	8	22		742.10	33.73	.032	92.76		1.06
PRINCIPAL SURGEON	7	7		300.43	42.92	.010	42.92		.43
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	2	15		441.67	29.44	.021	220.84		.63
DIALYSIS	11	13		2,757.08	212.08	.019	250.64		3.95
PATHOLOGY	14	17		225.55	13.27	.024	16.11		.32
RADIOLOGY	22	82		1,186.68	14.47	.117	53.94		1.70
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	1	1		13.76	13.76	.001	13.76		.02
OTHER SERVICES/ALL X-OVERS	96	646		3,671.45	5.68	.926	38.24		5.26
@PHARMACY	410	7,806	\$	224,099.44	\$ 28.71	11.183 \$	546.58	\$	321.06
PRESCRIPTION DRUGS	401	2,081		220,383.88	105.90	2.981	549.59		315.74
SNF/ICF	34	285		17,802.34	62.46	.408	523.60		25.50
OUTPATIENTS	368	1,796		202,581.54	112.80	2.573	550.49		290.23
MEDICAL SUPPLIES	45	5,725		3,715.56	.65	8.202	82.57		5.32
@DENTIST	29	93	\$	3,638.00	\$ 39.12	.133 \$		\$	5.21
VISITS - DIAGNOSTIC	18	62		1,151.00	18.56	.089	63.94		1.65
ORAL SURGERY	3	6		625.00	104.17	.009	208.33		.90
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	1	1		100.00	100.00	.001	100.00		.14

PERIODONTICS	2	2	255.00	127.50	.003	127.50	.37
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	10	15	1,392.00	92.80	.021	139.20	1.99
PROSTHETICS	1	1	50.00	50.00	.001	50.00	.07
DENTURES, STAYPLATES	1	2	65.00	32.50	.003	65.00	.09
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	4	.00	.00	.006	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 9,038
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FO	OR PUBLIC ASS	ISTANCE - BLIND				
					N/ONTH	TIT 37 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	117

NEVADA COUNTY	SUMMARY OF SERVICES FO	OR PU	BLIC	ASSIS	STANCE - BLIND							
								M			GE.	
698 ELIGIBLES	USERS UNITS	OF SE	RVICE		EXPENDITURES		ERAGE COST		S	COST PER		COST PER
	OR DA	AYS OF	CARE			PE:	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	7		18	\$	1,927.34	\$	107.07	.026	\$	275.33	\$	2.76
DIAGNOSTIC AND ANC. PROCED	3		3		170.01		56.67	.004		56.67		.24
EYE APPLIANCES	5		13		1,721.92		132.46	.019		344.38		2.47
OTHER OPTOMETRIC SERVICES	2		2		35.41		17.71	.003		17.71		.05
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	13		17	\$	257.35	\$	15.14	.024	\$	19.80	\$	.37
MEDICINE/INJECTIONS	0		0	•	.00	·	.00	.000	•	.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	13		17		257.35		15.14	.024		19.80		.37
@HOME HEALTH AGENCY	7		31	\$	21,855.47	\$	29.90	1.047	\$	3122.21	\$	31.31
NURSE ANESTHESIST	0	•	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	Š	.00	Š	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	Š	.00	.000	Š	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	Š	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	118	4	97	Š	67,833.01	Š	136.48	.712		574.86	\$	97.18
HOSP INPATIENT TOTAL	16	_	04	٧	55,171.77	٧	530.50	.149	٧	3448.24	~	79.04
HSC HOSPITALS	2		33		44,230.00		1340.30	.047		22115.00		63.37
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	14		71		10,941.77		154.11	.102		781.56		15.68
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	103	2	93		12,661.24		32.22	.563		122.92		18.14
MEDICAL	10		12		415.28		34.61	.017		41.53		.59
SURGERY	7		7		237.17		33.88	.010		33.88		.34
PATHOLOGY	38	1	20		1,569.48		13.08	.172		41.30		2.25
RADIOLOGY	15		20		3,333.16		166.66	.029		222.21		4.78
ROOM USE	37		41		1,712.67		41.77	.059		46.29		2.45
CROSSOVERS/ALL OTH OUTPTNT	51		93		5,393.48		27.95	.277		105.75		7.73
	0	1	0	\$	.00	\$	.00	.000	۲,	.00	بن	.00
@COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL	0		0	Ş	.00	Ą	.00	.000	Ą	.00	Ą	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0		0									.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	U		U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	MEDI-CAL SERVICES ANI	D EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN 2	2003 THRU DEC	2003	PAGE 9,039
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES I	FOR PUBLIC ASSIS	TANCE - BLIND				

NEVADA COUNTY	SUMMARY OF SERV	VICES FOR	PUBLIC A	ASSI	STANCE - BLIND			λ/	O N T □		αE	
COO BLIGTDING	HGBDG	INITEG OF	GEDIAT GE			3.5.7.	D 7 G D G G G G		-	THLY AVERA	ŒĔ	GOGEL DED
698 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		RAGE COST			COST PER		COST PER
o GOLDANITANI ILOGOTTALI TOTALI	110	OR DAYS			65 022 01		UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	118		497	\$	67,833.01	\$	136.48	.712	Ş	574.86	Ş	97.18
COMM HOSP INPATIENT TOTAL	16		104		55,171.77		530.50	.149		3448.24		79.04
HSC HOSPITALS	2		33		44,230.00		1340.30	.047		22115.00		63.37
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	14		71		10,941.77		154.11	.102		781.56		15.68
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	103		393		12,661.24		32.22	.563		122.92		18.14
MEDICAL	10		12		415.28		34.61	.017		41.53		.59
SURGERY	7		7		237.17		33.88	.010		33.88		.34
PATHOLOGY	38		120		1,569.48		13.08	.172		41.30		2.25
RADIOLOGY	15		20		3,333.16		166.66	.029		222.21		4.78
ROOM USE	37		41		1,712.67		41.77	.059		46.29		2.45
CROSSOVERS/ALL OTH OUTPTNT	51		193		5,393.48		27.95	.277		105.75		7.73
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	Ġ	.00	\$	.00
MENTALLY ILL	0		Ő	٧	.00	٧	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	24		600	\$	113,276.27	\$	188.79	.860	\$	4719.84	Ś	162.29
LEV A-INTERMEDIATE	0		0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD  LEV B-SUBACUTE FREESTANDING			124		42,763.88		344.87	.178		8552.78		61.27
	5 0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	19											
LEV B-REGULAR			476	_	70,512.39	_	148.14	.682		3711.18	_	101.02
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	\$	.00	.000	\$		\$	.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	39		862	\$	38,449.54	\$	44.61	1.235	\$	985.89	\$	55.09
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	39		862		38,449.54		44.61	1.235		985.89		55.09
@REHABILITATION FACILITY	10		229	\$	3,159.86	\$	13.80		\$	315.99	\$	4.53
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	10		229		3,159.86		13.80	.328		315.99		4.53
@LABORATORY FACILITY	15		87	\$	1,202.01	\$	13.82	.125	\$	80.13	\$	1.72
PATHOLOGY	15		87		1,202.01		13.82	.125		80.13		1.72
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	30		42	\$	4,561.60	\$	108.61	.060	\$	152.05	\$	6.54
CLINIC	0		0	•	.00	•	.00	.000	•	.00	•	.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		Ō		.00		.00	.000		.00		.00
	· ·		-							. 30		

RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	•	4,561.60 NTH-OF-PAYMENT RE TANCE - BLIND	108.61 PORT FOR JAN 2	.060 2003 THRU DE	152.05 C 2003	6.54 PAGE 9,040 01/29/04
					MON	THLY AVERA	GE
698 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	154	17,236 \$	63,930.82	\$ 3.71	24.693 \$	415.14	\$ 91.59
DURABLE MED. EQUIP.	7	10	13,938.81	1393.88	.014	1991.26	19.97
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	7	1,681.43	240.20	.010	280.24	2.41
MEDICAL TRANSPORTATION	13	305	4,340.01	14.23	.437	333.85	6.22
AMBULANCES/AIR TRANS	10	133	2,335.87	17.56	.191	233.59	3.35
OTHER TRANS	2	68	163.17	2.40	.097	81.59	.23

1,840.97

.00

17.70

.00

.149

.000

460.24

.00

2.64

.00

104

0

4

OTHER SERVICES

ACUPUNCTURE

ADULT DAY HEALTH CARE CTR	24	189	13,112.63	69.38	.271	546.36	18.79
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	16	234.48	14.66	.023	29.31	.34
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	3	3.14	1.05	.004	1.57	.00
PROSTHETIST/ORTHOTISTS	6	21	4,230.42	201.45	.030	705.07	6.06
PROSTHETICS	6	21	4,230.42	201.45	.030	705.07	6.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	35.00	17.50	.003	17.50	.05
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	49	5,149	20,388.66	3.96	7.377	416.10	29.21
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	58	11,534	5,966.24	.52	16.524	102.87	8.55
@CALIF. CHILDREN SERVICES*	39	1,686	\$ 61,190.62	\$ 36.29	2.415	\$ 1568.99	\$ 87.67
@XOVER EXCLUDING STATE HOSP**	149	1,093	\$ 44,072.42	\$ 40.32	1.566	\$ 295.79	\$ 63.14

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 9,041

01/29/04

NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

NEVADA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC.	ASSIS	STANCE - DISABLED				
						MON		
18,373 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			- ,		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	14,038	407,910	\$	10,627,076.09	\$ 26.05	22.202		•
@PHYSICIANS SERVICES	4,442	15,553	\$	<b>,</b>	\$ 33.81	.847		•
OUTPATIENT VISITS	2,616	4,109		152,612.86	37.14	.224	58.34	8.31
OFFICE VISITS	1,929	2,697		80,565.92	29.87	.147	41.77	4.39
HOME VISITS	5	5		234.60	46.92	.000	46.92	.01
EMERGENCY ROOM	876	1,224		66,474.64	54.31	.067	75.88	3.62
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	3		245.00	81.67	.000	122.50	.01
OTHER OUTPATIENT	171	180		5,092.70	28.29	.010	29.78	.28
INPATIENT VISITS	225	845		39,234.26	46.43	.046	174.37	2.14
HOSPITAL VISITS	195	737		30,737.25	41.71	.040	157.63	1.67
CRITICAL CARE	16	66		7,212.88	109.29	.004	450.81	.39
SNF/ICF/TRANS IP CARE	30	42		1,284.13	30.57	.002	42.80	.07
OPHTHALMOLOGICAL SERVICES	88	95		4,111.89	43.28	.005	46.73	.22
EXAMINATIONS	88	95		4,111.89	43.28	.005	46.73	.22
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	97	730		54,113.91	74.13	.040	557.88	2.95
PRINCIPAL SURGEON	71	123		39,278.14	319.33	.007	553.21	2.14
ASSISTANT SURGEON	15	16		3,268.74	204.30	.001	217.92	.18
ANESTHESIOLOGIST	37	591		11,567.03	19.57	.032	312.62	.63
OUTPATIENT SURGERY	318	767		56,211.42	73.29	.042	176.77	3.06
PRINCIPAL SURGEON	281	334		46,845.81	140.26	.018	166.71	2.55
ASSISTANT SURGEON	2	2		380.46	190.23	.000	190.23	.02
ANESTHESIOLOGIST	52	431		8,985.15	20.85	.023	172.79	.49
DIALYSIS	19	64		5,772.12	90.19	.003	303.80	.31
PATHOLOGY	336	516		10,392.05	20.14	.028	30.93	.57
RADIOLOGY	1,015	1,762		69,476.94	39.43	.096	68.45	3.78
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	122	596		15,398.20	25.84	.032	126.21	.84
OTHER SERVICES/ALL X-OVERS	1,880	6,069		118,487.94	19.52	.330	63.03	6.45

@PHARMACY	11,900	181,277	\$	6,052,168.97	\$	33.39	9.866	\$ 50	18.59	\$	329.41
PRESCRIPTION DRUGS	11,784	52,311		5,939,650.58		113.54	2.847	50	4.04		323.28
SNF/ICF	288	2,118		179,231.38		84.62	.115	62	22.33		9.76
OUTPATIENTS	11,551	50,193		5,760,419.20		114.77	2.732	49	8.69		313.53
MEDICAL SUPPLIES	750	128,966		112,518.39		.87	7.019	15	0.02		6.12
@DENTIST	787	3,197	\$	159,428.49	\$	49.87	.174	\$ 20	2.58	\$	8.68
VISITS - DIAGNOSTIC	508	1,695		25,419.64		15.00	.092	5	0.04		1.38
ORAL SURGERY	128	437		20,716.00		47.41	.024	16	1.84		1.13
DRUGS	5	5		75.00		15.00	.000	1	5.00		.00
ANESTHESIA	7	7		700.00		100.00	.000	10	0.00		.04
PERIODONTICS	30	40		6,081.00		152.03	.002	20	2.70		.33
ENDODONTICS	52	94		16,871.00		179.48	.005	32	4.44		.92
RESTORATIVE DENTISTRY	259	697		53,152.60		76.26	.038	20	5.22		2.89
PROSTHETICS	8	7		180.00		25.71	.000	2	2.50		.01
DENTURES, STAYPLATES	78	187		34,578.00		184.91	.010	44	3.31		1.88
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	4	4		1,550.25		387.56	.000	38	37.56		.08
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	2	2		105.00		52.50	.000	5	2.50		.01
ALL OTHER SERVICES	15	22		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES I	MONTH-OF-PAYMENT RE	PORT	FOR JAN	2003 THRU	DEC 200	13	PI	AGE 9,042
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	ASS:	ISTANCE - DISABLED							
							M	ONTHLY	AVERA	GE -	

18,373 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ERAGE COST			COST PER
		OR DAYS OF CAR		R UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	361	1,077	\$ 21,947.01	\$ 20.38	.059	\$ 60.80	\$ 1.19
DIAGNOSTIC AND ANC. PROCED	147	147	6,771.50	46.06	.008	46.06	.37
EYE APPLIANCES	312	886	14,199.61	16.03	.048	45.51	.77
OTHER OPTOMETRIC SERVICES	32	44	975.90	22.18	.002	30.50	.05
@CHIROPRACTOR	107	171	\$ 2,779.74	\$	.009	\$ 25.98	\$
VISITS	98	156	2,566.52	16.45	.008	26.19	.14
OTHER SERVICES	9	15	213.22	14.21	.001	23.69	.01
@PODIATRIST	93	138	\$ 2,260.93	\$ 16.38	.008	\$ 24.31	\$ .12
MEDICINE/INJECTIONS	23	39	1,101.75	28.25	.002	47.90	.06
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.00
OTHER	71	97	1,124.58	11.59	.005	15.84	.06
@HOME HEALTH AGENCY	92	867	\$ 43,821.58	\$ 50.54	.047	\$ 476.32	\$ 2.39
NURSE ANESTHESIST	3	55	\$ 177.14	\$ 3.22	.003	\$ 59.05	\$ .01
NURSE MIDWIFE	2	2	\$ 62.34	\$ 31.17	.000	\$ 31.17	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	76	107	\$ 2,723.70	\$ 25.46	.006	\$ 35.84	\$ .15
@TOTAL HOSPITAL	3,150	16,634	\$ 1,991,350.60	\$ 119.72	.905	\$ 632.17	\$ 108.38
HOSP INPATIENT TOTAL	334	1,416	1,626,071.54	1148.36	.077	4868.48	88.50
HSC HOSPITALS	58	464	560,923.07	1208.89	.025	9671.09	30.53
NON-HSC HOSPITAL TOTAL	147	536	958,835.75	1788.87	.029	6522.69	52.19
ACCOMMODATIONS	147	536	240,381.28	448.47	.029	1635.25	13.08
ADMINISTRATIVE DAYS	6	52	24,198.11	465.35	.003	4033.02	1.32
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	144	484	216,183.17	446.66	.026	1501.27	11.77
ANCILLARIES	147	0	718,454.47	.00	.000	4887.45	39.10
INPATIENT CROSSOVERS	138	416	106,312.72	255.56	.023	770.38	5.79
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,943	15,218	365,279.06	24.00	.828	124.12	19.88
MEDICAL	376	563	20,348.73	36.14	.031	54.12	1.11
SURGERY	211	225	6,498.88	28.88	.012	30.80	.35
PATHOLOGY	1,157	5,032	60,599.11	12.04	.274	52.38	3.30
RADIOLOGY	779	1,145	97,344.94	85.02	.062	124.96	5.30
ROOM USE	1,241	1,859	74,735.57	40.20	.101	60.22	4.07

CROSSOVERS/ALL OTH OUTPTNT	1,510	6,394	10	5,751.83		16.54	.348		70.03		5.76
@COUNTY HOSPITAL TOTAL	9	24	\$	539.20	\$	22.47	.001		59.91	\$	.03
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	9	24		539.20		22.47	.001		59.91		.03
MEDICAL	2	2		131.31		65.66	.000		65.66		.01
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	6		95.95		15.99	.000		31.98		.01
RADIOLOGY	2	2		64.86		32.43	.000		32.43		.00
ROOM USE	4	4		151.26		37.82	.000		37.82		.01
CROSSOVERS/ALL OTH OUTPINT	5	10		95.82		9.58	.001		19.16		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURE	S MONTH-OF-	-PAYMENT RE	EPORT :	FOR JAN	2003 THRU	DEC	2003	PAGE	9,043
MOP024	FEE-FOR-SERVICE/DENTAL									0	L/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR	PUBLIC A	SSISTANCE -	- DISABLED							

NEVADA COUNTI	SUMMARI OF SER	VICES FOR PUBLIC	ASSI	ISTANCE - DISABLED		MOI	NTHLY AVERA	CE	
10 272 ELICIDIEC	HCEDC	INTER OF CEDITOR		EXDENDIBLE	MARDACE COCH				OCT DED
18,373 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				OST PER
COMMINITED HOODIEST HORSE	2 145	OR DAYS OF CARE		1 000 011 40	PER UNIT/DAY \$ 119.86	.904	USER \$ 633.01		LIGIBLE 108.36
@COMMUNITY HOSPITAL TOTAL	3,145	16,610	\$	1,990,811.40 1,626,071.54	\$ 119.86 1148.36			Þ	
COMM HOSP INPATIENT TOTAL	334	1,416				.077	4868.48		88.50
HSC HOSPITALS	58	464		560,923.07	1208.89	.025	9671.09		30.53
NON-HSC HOSPITALS TOTAL	147	536		958,835.75	1788.87	.029	6522.69		52.19
ACCOMMODATIONS	147	536		240,381.28	448.47	.029	1635.25		13.08
ADMINISTRATIVE DAYS	6	52		24,198.11	465.35	.003	4033.02		1.32
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	144	484		216,183.17	446.66	.026	1501.27		11.77
ANCILLARIES	147	0		718,454.47	.00	.000	4887.45		39.10
INPATIENT CROSSOVERS	138	416		106,312.72	255.56	.023	770.38		5.79
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	2,937	15,194		364,739.86	24.01	.827	124.19		19.85
MEDICAL	374	561		20,217.42	36.04	.031	54.06		1.10
SURGERY	211	225		6,498.88	28.88	.012	30.80		.35
PATHOLOGY	1,154	5,026		60,503.16	12.04	.274	52.43		3.29
RADIOLOGY	777	1,143		97,280.08	85.11	.062	125.20		5.29
ROOM USE	1,237	1,855		74,584.31	40.21	.101	60.29		4.06
CROSSOVERS/ALL OTH OUTPIN	1,506	6,384		105,656.01	16.55	.347	70.16		5.75
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000		\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	148	3,881	\$	499,427.87	\$ 128.69	.211	•	\$	27.18
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	1	21		2,539.53	120.93	.001	2539.53		.14
LEV B-SUBACUTE FREESTANDING	9	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	147	3,860		496,888.34	128.73	.210	3380.19		27.04
@INTERMEDIATE CARE FACILDD	9	518	\$	94,685.22	\$ 182.79	.028	\$ 10520.58	\$	5.15
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	9	518		94,685.22	182.79	.028	10520.58		5.15
@HEMODIALYSIS TOTAL	106	2,447	\$	104,173.73	\$ 42.57	.133	\$ 982.77	\$	5.67
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	106	2,447		104,173.73	42.57	.133	982.77		5.67

@REHABILITATION FACILITY	32	497	\$	6,888.38	\$	13.86	.027	Ś	215.26	Ġ	.37
HOSPITAL BASED	3	6	Υ	329.04	Υ	54.84	.000	τ	109.68	т	.02
INDEPENDENT FACILITY	29	491		6,559.34		13.36	.027		226.18		.36
@LABORATORY FACILITY	294	1,380	\$	20,089.76	\$	14.56	.075	\$	68.33	\$	1.09
PATHOLOGY	288	1,368	·	19,500.61	•	14.25	.074	•	67.71	·	1.06
XO AND OTHERS	6	12		589.15		49.10	.001		98.19		.03
@ORGANIZED OUTPATIENT CLINIC	1,326	2,214	\$	271,104.30	\$	122.45	.121	\$	204.45	\$	14.76
CLINIC	52	104		2,299.44		22.11	.006		44.22		.13
SURGICENTER	10	37		1,364.74		36.88	.002		136.47		.07
HEROIN DETOX CLINIC	3	46		545.67		11.86	.003		181.89		.03
RURAL HEALTH CLINIC	1,268	2,027		266,894.45		131.67	.110		210.48		14.53
		-	ES M	IONTH-OF-PAYMENT RE	PORT	FOR JAN 2	2003 THRU I	DEC	2003	PP	GE 9,044
MOP024	FEE-FOR-SERVICE										01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASSI	STANCE - DISABLED							
							M(	TTTM	LY AVERA	GE -	
										_	
18,373 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	S C	OST PER		COST PER
·		OR DAYS OF CARE			PER	UNIT/DAY	UNITS/DAYS	S C	OST PER USER	E	CLIGIBLE
@ALL OTHER PROVIDERS	2,043	OR DAYS OF CARE 177,895		828,174.74		UNIT/DAY 4.66	UNITS/DAYS PER ELIG 9.682	S C	OST PER USER 405.37	E	CLIGIBLE 45.08
@ALL OTHER PROVIDERS DURABLE MED. EQUIP.	2,043 240	OR DAYS OF CARE 177,895 1,082		828,174.74 129,336.32	PER	UNIT/DAY 4.66 119.53	UNITS/DAYS PER ELIG 9.682 .059	S C	OST PER USER 405.37 538.90	E	LIGIBLE 45.08 7.04
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	2,043 240 0	OR DAYS OF CARE 177,895 1,082 0		828,174.74 129,336.32 .00	PER \$	UNIT/DAY 4.66 119.53 .00	UNITS/DAYS PER ELIG 9.682 .059 .000	S C	OST PER USER 405.37 538.90 .00	E	LIGIBLE 45.08 7.04 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	2,043 240 0 26	OR DAYS OF CARE 177,895 1,082 0 32		828,174.74 129,336.32 .00 6,381.41	PER \$	UNIT/DAY 4.66 119.53 .00 199.42	UNITS/DAYS PER ELIG 9.682 .059 .000 .002	S C	OST PER USER 405.37 538.90 .00 245.44	E	LIGIBLE 45.08 7.04 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	2,043 240 0 26 212	OR DAYS OF CARE 177,895 1,082 0 32 1,491		828,174.74 129,336.32 .00 6,381.41 32,244.64	PER \$	UNIT/DAY 4.66 119.53 .00 199.42 21.63	UNITS/DAYS PER ELIG 9.682 .059 .000 .002	S C	OST PER USER 405.37 538.90 .00 245.44 152.10	E	LIGIBLE 45.08 7.04 .00 .35 1.76
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	2,043 240 0 26 212 188	OR DAYS OF CARE 177,895 1,082 0 32 1,491 1,250		828,174.74 129,336.32 .00 6,381.41 32,244.64 29,583.39	PER \$	UNIT/DAY 4.66 119.53 .00 199.42 21.63 23.67	UNITS/DAYS PER ELIG 9.682 .059 .000 .002 .081 .068	S C	OST PER USER 405.37 538.90 .00 245.44 152.10 157.36	E	LIGIBLE 45.08 7.04 .00 .35 1.76 1.61
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	2,043 240 0 26 212 188 5	OR DAYS OF CARE 177,895 1,082 0 32 1,491 1,250 102		828,174.74 129,336.32 .00 6,381.41 32,244.64 29,583.39 277.60	PER \$	UNIT/DAY 4.66 119.53 .00 199.42 21.63 23.67 2.72	UNITS/DAYS PER ELIG 9.682 .059 .000 .002 .081 .068 .006	S C	OST PER USER 405.37 538.90 .00 245.44 152.10 157.36 55.52	E	LIGIBLE 45.08 7.04 .00 .35 1.76 1.61 .02
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	2,043 240 0 26 212 188	OR DAYS OF CARE 177,895 1,082 0 32 1,491 1,250 102 139		828,174.74 129,336.32 .00 6,381.41 32,244.64 29,583.39 277.60 2,383.65	PER \$	UNIT/DAY 4.66 119.53 .00 199.42 21.63 23.67 2.72 17.15	UNITS/DAYS PER ELIG 9.682 .059 .000 .002 .081 .068 .006	S C	OST PER USER 405.37 538.90 .00 245.44 152.10 157.36 55.52 108.35	E	HIGIBLE 45.08 7.04 .00 .35 1.76 1.61 .02
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	2,043 240 0 26 212 188 5	OR DAYS OF CARE 177,895 1,082 0 32 1,491 1,250 102		828,174.74 129,336.32 .00 6,381.41 32,244.64 29,583.39 277.60	PER \$	UNIT/DAY 4.66 119.53 .00 199.42 21.63 23.67 2.72	UNITS/DAYS PER ELIG 9.682 .059 .000 .002 .081 .068 .006	S C	OST PER USER 405.37 538.90 .00 245.44 152.10 157.36 55.52	E	LIGIBLE 45.08 7.04 .00 .35 1.76 1.61 .02

BLOOD BANK	U	U		.00		.00	.000	. 0	J	.00
HEARING AID DISPENSERS	26	32		6,381.41	19	99.42	.002	245.4	4	.35
MEDICAL TRANSPORTATION	212	1,491		32,244.64	2	21.63	.081	152.1	0	1.76
AMBULANCES/AIR TRANS	188	1,250		29,583.39	2	23.67	.068	157.3	б	1.61
OTHER TRANS	5	102		277.60		2.72	.006	55.5	2	.02
OTHER SERVICES	22	139		2,383.65	1	L7.15	.008	108.3	5	.13
ACUPUNCTURE	4	12		205.45	1	L7.12	.001	51.3	б	.01
ADULT DAY HEALTH CARE CTR	139	1,605		111,575.25	6	59.52	.087	802.7	0	6.07
GENETIC DISEASE TESTING	4	4		420.00	10	05.00	.000	105.0	0	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	60	8,684		263,010.74	3	30.29	.473	4383.5	1	14.32
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.0	0	.00
OPTICIAN	361	828		9,923.19		L1.98	.045	27.4	9	.54
PHYSICAL THERAPIST	1	5		86.79	1	L7.36	.000	86.7	9	.00
PORTABLE X-RAY	5	9		110.95	1	L2.33	.000	22.1	9	.01
PROSTHETIST/ORTHOTISTS	85	189		15,232.13	8	30.59	.010	179.2	0	.83
PROSTHETICS	85	189		15,232.13	8	30.59	.010	179.2	0	.83
ORTHOTICS	0	0		.00		.00	.000	.0	0	.00
PSYCHOLOGIST	0	0		.00		.00	.000	.0	0	.00
SPEECH AND AUDIOLOGY	28	48		2,774.98	Ţ	57.81	.003	99.1	1	.15
HOSPICE SERVICES	19	519		63,700.91	12	22.74	.028	3352.6	8	3.47
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.0	0	.00
LOCAL EDUCATION AGENCIES	376	30,262		94,674.73		3.13	1.647	251.7	9	5.15
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.0	0	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.0	0	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.0	0	.00
ALL OTHER PROVIDERS	654	133,125		98,497.25		.74	7.246	150.6	1	5.36
@CALIF. CHILDREN SERVICES*	227	10,336	\$	205,539.81	\$ 1	L9.89	.563	\$ 905.4	б \$	11.19
@XOVER EXCLUDING STATE HOSP**	2,221	27,714	\$	344,304.81	\$ 1	L2.42	1.508	\$ 155.0	2 \$	18.74
* TOTAL IN THECE I INTO ADE CI	יים א מתוח א מים א זים א		TUTTA	ONTE V.						

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,045
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

							MC	NT	HLY AVERA	.GE	
15,494 ELIGIBLES	USERS	UNITS OF SERVICE	E .	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CAR	£.		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	8,087	46,105	\$	2,065,821.76	\$	44.81	2.976	\$	255.45	\$	133.33
@PHYSICIANS SERVICES	3,844	9,100	\$	318,768.19	\$	35.03	.587	\$	82.93	\$	20.57
OUTPATIENT VISITS	3,308	4,596		156,930.41		34.14	.297		47.44		10.13
OFFICE VISITS	2,376	3,047		90,164.11		29.59	.197		37.95		5.82

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1,201	1,472	63,760.63	43.32	.095	53.09	4.12
PREVENTIVE CARE	4	4	174.94	43.74	.000	43.74	.01
OB VISITS/COMPRE PERI	16	31	1,649.97	53.22	.002	103.12	.11
OTHER OUTPATIENT	39	42	1,180.76	28.11	.003	30.28	.08
INPATIENT VISITS	116	386	30,643.09	79.39	.025	264.16	1.98
HOSPITAL VISITS	110	289	14,974.73	51.82	.019	136.13	.97
CRITICAL CARE	17	97	15,668.36	161.53	.006	921.67	1.01
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	44	47	2,340.78	49.80	.003	53.20	.15
EXAMINATIONS	44	47	2,340.78	49.80	.003	53.20	.15
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	68	235	38,480.31	163.75	.015	565.89	2.48
PRINCIPAL SURGEON	49	52	31,854.66	612.59	.003	650.10	2.06
ASSISTANT SURGEON	7	7	1,101.95	157.42	.000	157.42	.07
ANESTHESIOLOGIST	22	176	5,523.70	31.38	.011	251.08	.36

OUTPATIENT SURGERY	279	476		30,641.71		64.37	.031		109.83		1.98
PRINCIPAL SURGEON	251	301		26,038.51		86.51	.019		103.74		1.68
ASSISTANT SURGEON	1	1		68.88		68.88	.000		68.88		.00
ANESTHESIOLOGIST	39	174		4,534.32		26.06	.011		116.26		.29
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	404	543		5,590.24		10.30	.035		13.84		.36
RADIOLOGY	692	996		26,752.34		26.86	.064		38.66		1.73
PSYCHIATRY	1	1		32.98		32.98	.000		32.98		.00
IMMUNIZATION AND INJECTION	75	138		2,005.51		14.53	.009		26.74		.13
OTHER SERVICES/ALL X-OVERS	346	1,682		25,350.82		15.07	.109		73.27		1.64
@PHARMACY	3,833	11,932	\$	497,767.79	\$	41.72	.770	\$	129.86	\$	32.13
PRESCRIPTION DRUGS	3,812	8,484		490,954.50		57.87	.548		128.79		31.69
SNF/ICF	1	6		124.10		20.68	.000		124.10		.01
OUTPATIENTS	3,812	8,478		490,830.40		57.89	.547		128.76		31.68
MEDICAL SUPPLIES	53	3,448		6,813.29		1.98	.223		128.55		.44
@DENTIST	828		\$		\$	34.32	.240	\$	154.32	\$	8.25
VISITS - DIAGNOSTIC	597	2,318		38,381.80		16.56	.150		64.29		2.48
ORAL SURGERY	101	259		15,034.00		58.05	.017		148.85		.97
DRUGS	77	96		2,185.00		22.76	.006		28.38		.14
ANESTHESIA	6	6		600.00		100.00	.000		100.00		.04
PERIODONTICS	6	6		1,200.00		200.00	.000		200.00		.08
ENDODONTICS	64	125		15,067.00		120.54	.008		235.42		.97
RESTORATIVE DENTISTRY	327	828		45,541.00		55.00	.053		139.27		2.94
PROSTHETICS	3	3		60.00		20.00	.000		20.00		.00
DENTURES, STAYPLATES	10	19		4,520.00		237.89	.001		452.00		.29
SPACE MAINTAINERS	13	12		2,271.00		189.25	.001		174.69		.15
MAXILLOFACIAL SERVICES	3	3		100.00		33.33	.000		33.33		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	26	31		2,745.00		88.55	.002		105.58		.18
ALL OTHER SERVICES	13	17		75.00		4.41	.001		5.77		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	_	S MO	NTH-OF-PAYMENT RE	PORT	FOR JAN	2003 THRU	DEC	2003	PAG	
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/29/04

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							M	ONT	THLY AVERA	GE	
15,494 ELIGIBLES	USERS	UNITS OF	SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	229		675	\$ 15,795.01	\$	23.40	.044	\$	68.97	\$	1.02
DIAGNOSTIC AND ANC. PROCED	184		184	8,651.28		47.02	.012		47.02		.56
EYE APPLIANCES	177		489	7,120.32		14.56	.032		40.23		.46
OTHER OPTOMETRIC SERVICES	2		2	23.41		11.71	.000		11.71		.00
@CHIROPRACTOR	54		88	\$ 1,471.36	\$	16.72	.006	\$	27.25	\$	.09
VISITS	54		88	1,471.36		16.72	.006		27.25		.09
OTHER SERVICES	0		0	.00		.00	.000		.00		.00
@PODIATRIST	14		18	\$ 628.42	\$	34.91	.001	\$	44.89	\$	.04
MEDICINE/INJECTIONS	12		14	468.48		33.46	.001		39.04		.03
SURGERY/ANES.	0		0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0	.00		.00	.000		.00		.00
OTHER	3		4	159.94		39.99	.000		53.31		.01
@HOME HEALTH AGENCY	17		105	\$ 4,180.16	\$	39.81	.007	\$	245.89	\$	.27
NURSE ANESTHESIST	0		0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	3		8	\$ 165.68	\$	20.71	.001	\$	55.23	\$	.01
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	90		114	\$ 2,783.98	\$	24.42	.007	\$	30.93	\$	.18
@TOTAL HOSPITAL	2,051	8	3,399	\$ 808,161.42	\$	96.22	.542	\$	394.03	\$	52.16
HOSP INPATIENT TOTAL	97		455	600,074.38		1318.84	.029		6186.33		38.73
HSC HOSPITALS	20		210	268,587.03		1278.99	.014		13429.35		17.33
NON-HSC HOSPITAL TOTAL	78		245	331,487.35		1353.01	.016		4249.84		21.39
ACCOMMODATIONS	78		245	94,096.91		384.07	.016		1206.37		6.07
ADMINISTRATIVE DAYS	0		0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0	.00		.00	.000		.00		.00

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

NEVADA COUNTY

ALL OTHER ACCOM	78	245			94,096.91		384.07	.016		1206.37		6.07	
ANCILLARIES	78	0		2	237,390.44		.00	.000		3043.47		15.32	
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00	
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00	
HOSP OUTPATIENT TOTAL	2,011	7,944		2	208,087.04		26.19	.513		103.47		13.43	
MEDICAL	207	264			12,317.65		46.66	.017		59.51		.79	
SURGERY	200	212			4,741.19		22.36	.014		23.71		.31	
PATHOLOGY	738	2,494			31,357.44		12.57	.161		42.49		2.02	
RADIOLOGY	528	675			36,501.90		54.08	.044		69.13		2.36	
ROOM USE	1,478	1,883			73,340.61		38.95	.122		49.62		4.73	
CROSSOVERS/ALL OTH OUTPTNT	863	2,416			49,828.25		20.62	.156		57.74		3.22	
@COUNTY HOSPITAL TOTAL	7	39	\$	;	1,194.38	\$	30.63	.003	\$	170.63	\$	.08	
CO HOSPITAL INPATIENT TOTAL	0	0			.00		.00	.000		.00		.00	
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00	
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00	
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00	
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00	
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00	
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00	
ANCILLARIES	0	0			.00		.00	.000		.00		.00	
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00	
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00	
CO HOSP OUTPATIENT TOTAL	7	39			1,194.38		30.63	.003		170.63		.08	
MEDICAL	3	3			189.53		63.18	.000		63.18		.01	
SURGERY	2	3			454.24		151.41	.000		227.12		.03	
PATHOLOGY	1	6			43.32		7.22	.000		43.32		.00	
RADIOLOGY	3	5			126.38		25.28	.000		42.13		.01	
ROOM USE	6	7			235.29		33.61	.000		39.22		.02	
CROSSOVERS/ALL OTH OUTPTNT	4	15			145.62		9.71	.001		36.41		.01	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDIT	TURES	MONTH-OF	F-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	PA	GE 9,047	
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04	
NEVADA COUNTY	SUMMARY OF SERVICES FOR	R PUBLI	IC AS	SISTANCE	- FAMILIES								
								N	TMON	HLY AVERA	GE -		

15,494 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	0.0-1-10	OR DAYS OF CARE			PER UNIT/DAY	,	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,046	8,360	\$	806,967.04	\$ 96.53	.540	\$ 394.41	\$ 52.08
COMM HOSP INPATIENT TOTAL	97	455		600,074.38	1318.84	.029	6186.33	38.73
HSC HOSPITALS	20	210		268,587.03	1278.99	.014	13429.35	17.33
NON-HSC HOSPITALS TOTAL	78	245		331,487.35	1353.01	.016	4249.84	21.39
ACCOMMODATIONS	78	245		94,096.91	384.07	.016	1206.37	6.07
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	78	245		94,096.91	384.07	.016	1206.37	6.07
ANCILLARIES	78	0		237,390.44	.00	.000	3043.47	15.32
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,006	7,905		206,892.66	26.17	.510	103.14	13.35
MEDICAL	204	261		12,128.12	46.47	.017	59.45	.78
SURGERY	198	209		4,286.95	20.51	.013	21.65	.28
PATHOLOGY	737	2,488		31,314.12	12.59	.161	42.49	2.02
RADIOLOGY	525	670		36,375.52	54.29	.043	69.29	2.35
ROOM USE	1,473	1,876		73,105.32	38.97	.121	49.63	4.72
CROSSOVERS/ALL OTH OUTPTNT	860	2,401		49,682.63	20.69	.155	57.77	3.21
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000		\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00	.000		.00		.00
LEV B-REGULAR 0 0 .00 .00 .00 .	.000		.00		.00
@INTERMEDIATE CARE FACILDD 0 0 \$ .00 \$ .00 .	.000	\$	.00	\$	.00
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	.000		.00		.00
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@HEMODIALYSIS TOTAL 0 0 \$ .00 \$ .00 .	.000	\$	.00	\$	.00
HOSPITAL BASED 0 0 .00 .00 .00	.000		.00		.00
HEMODIALYSIS CENTER 0 0 .00 .00 .00	.000		.00		.00
@REHABILITATION FACILITY 0 0 \$ .00 \$ .00 .	.000	\$	.00	\$	.00
HOSPITAL BASED 0 0 .00 .00 .00 .	.000		.00		.00
INDEPENDENT FACILITY 0 0 .00 .00 .00 .00	.000		.00		.00
@LABORATORY FACILITY 229 624 \$ 10,946.02 \$ 17.54 .	.040	\$	47.80	\$	.71
PATHOLOGY 229 624 10,946.02 17.54 .	.040		47.80		.71
XO AND OTHERS 0 0 .00 .00 .00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC 916 1,664 \$ 205,560.47 \$ 123.53 .	.107	\$	224.41	\$	13.27
CLINIC 134 457 11,721.12 25.65 .	.029		87.47		.76
SURGICENTER 7 41 1,238.33 30.20 .	.003		176.90		.08
HEROIN DETOX CLINIC 0 0 .00 .00 .00	.000		.00		.00
RURAL HEALTH CLINIC 787 1,166 192,601.02 165.18 .	.075		244.73		12.43
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 T	THRU	DEC	2003	PI	AGE 9,048
MOP024 FEE-FOR-SERVICE/DENTAL					01/29/04

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

----- MONTHLY AVERAGE -----UNITS OF SERVICE 15,494 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 986 9,655 \$ 71,813.46 7.44 .623 \$ 72.83 \$ @ALL OTHER PROVIDERS 4.63 DURABLE MED. EQUIP. 40 1,669.92 41.75 .003 79.52 .11 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 HEARING AID DISPENSERS 0 0 .000 .00 .00 MEDICAL TRANSPORTATION 70 555 24,021.21 43.28 .036 343.16 1.55 549 13,221.21 24.08 .035 191.61 AMBULANCES/AIR TRANS 0 .000 OTHER TRANS .00 .00 .00 .00 OTHER SERVICES 10,800.00 1800.00 .000 1800.00 .70 6 0 ACUPUNCTURE .00 .00 .000 .00 .00 0 .00 ADULT DAY HEALTH CARE CTR .00 .000 .00 .00 10 GENETIC DISEASE TESTING 1,050.00 105.00 .001 105.00 .07 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .000 .00 .00 .000 0 .00 OCCUPATIONAL THERAPIST 0 .00 .00 .00 OPTICIAN 173 370 3,255.40 8.80 .024 18.82 .21 .00 .000 PHYSICAL THERAPIST .00 .00 .00 PORTABLE X-RAY 0 0 .00 .00 .000 .00 .00 24 2,209.73 92.07 .002 138.11 PROSTHETIST/ORTHOTISTS 16 .14 PROSTHETICS 14 2,070.10 94.10 .001 147.86 .13 139.63 69.82 .000 69.82 ORTHOTICS .01 0 .00 .000 PSYCHOLOGIST .00 .00 457.16 SPEECH AND AUDIOLOGY 13 33 5,943.10 180.09 .002 .38 .00 HOSPICE SERVICES .00 .00 .000 .00 NONINST BIRTHING CENTERS 0 0 .00 .00 .000 .00 .00 5,036 .325 LOCAL EDUCATION AGENCIES 697 32,713.60 6.50 46.93 2.11 EPSDT SUPPLEMENTAL SERVICE 0 .00 .00 .00 .000 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 .00 .000 PED SUBACUTE REHAB/WEANING 0 .00 .00 .00 ALL OTHER PROVIDERS 3,587 950.50 .26 .232 158.42 .06 2,261 251,714.46 .146 \$ 16.25 @CALIF. CHILDREN SERVICES\* 111.33 3069.69 \$ @XOVER EXCLUDING STATE HOSP\*\* 57.91 28.96 .000 \$ 28.96 \$ .00 \$

NEVADA COUNTY

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

01/29/04

----- MONTHLY AVERAGE -----

MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

NEVADA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC ASSIS	STANCE - TOTAL				
						NTHLY AVERA	
38,613 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	25,789	543,849 \$	14,787,935.17	\$ 27.19	14.085	\$ 573.42	\$ 382.98
@PHYSICIANS SERVICES	9,040	27,833 \$	896,627.01	\$ 32.21	.721		\$ 23.22
OUTPATIENT VISITS	5,996	8,805	313,068.51	35.56	.228	52.21	8.11
OFFICE VISITS	4,352	5,810	172,571.65	29.70	.150	39.65	4.47
HOME VISITS	4,332	5,810	314.70	52.45	.000	52.45	.01
EMERGENCY ROOM	2,101	2,724	131,647.02	48.33	.071	62.66	3.41
PREVENTIVE CARE	4	4	174.94	43.74	.000	43.74	.00
OB VISITS/COMPRE PERI	18	34	1,894.97	55.73	.001	105.28	.05
OTHER OUTPATIENT	215	227	6,465.23	28.48	.006	30.07	.17
INPATIENT VISITS	354	1,317	76,205.49	57.86	.034	215.27	1.97
HOSPITAL VISITS	313	1,044	46,575.96	44.61	.027	148.80	1.21
CRITICAL CARE	34	194	27,198.80	140.20	.005	799.96	.70
SNF/ICF/TRANS IP CARE	35	79	2,430.73	30.77	.002	69.45	.06
OPHTHALMOLOGICAL SERVICES	136	146	6,609.50	45.27	.004	48.60	.17
EXAMINATIONS	136	146	6,609.50	45.27	.004	48.60	.17
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	169	979	95,263.56	97.31	.025	563.69	2.47
	123	181	73,601.52	406.64	.005	598.39	1.91
PRINCIPAL SURGEON							
ASSISTANT SURGEON	22	23	4,370.69	190.03	.001	198.67	.11
ANESTHESIOLOGIST	60	775	17,291.35	22.31	.020	288.19	. 45
OUTPATIENT SURGERY	606	1,266	88,600.44	69.98	.033	146.21	2.29
PRINCIPAL SURGEON	540	643	74,189.96	115.38	.017	137.39	1.92
ASSISTANT SURGEON	3	3	449.34	149.78	.000	149.78	.01
ANESTHESIOLOGIST	93	620	13,961.14	22.52	.016	150.12	.36
DIALYSIS	30	77	8,529.20	110.77	.002	284.31	.22
PATHOLOGY		1,094	16,276.54	14.88	.028	21.44	.42
RADIOLOGY	759 1,735	2,850	97,573.27	34.24	.074	56.24	2.53
PSYCHIATRY	1	1	32.98	32.98	.000	32.98	.00
IMMUNIZATION AND INJECTION	198	735	17,417.47	23.70	.019	87.97	.45
OTHER SERVICES/ALL X-OVERS	2,891	10,563	177,050.05	16.76	.274	61.24	4.59
@PHARMACY	18,905	250,987 \$		\$ 30.29			
	10,905		7,603,536.12		6.500		
PRESCRIPTION DRUGS	18,735	74,523	7,457,175.91	100.07	1.930	398.03	193.13
SNF/ICF	438	3,071	234,405.46	76.33	.080	535.17	6.07
OUTPATIENTS	18,373	71,452	7,222,770.45	101.09	1.850	393.12	187.06
MEDICAL SUPPLIES	1,072 1,736 1,182	176,464	146,360.21	.83	4.570	136.53	3.79
@DENTIST	1,736	7,307 \$	304,908.29	\$ 41.73	.189		
VISITS - DIAGNOSTIC	1,182	4,230	67,491.44	15.96	.110	57.10	1.75
ORAL SURGERY	248	720	37,161.00	51.61	.019	149.84	.96
DRUGS	82	101	2,260.00	22.38	.003	27.56	.06
ANESTHESIA	14	14	1,400.00	100.00	.000	100.00	.04
PERIODONTICS	39	49	7,654.00	156.20	.001	196.26	.20
ENDODONTICS	116	219	31,938.00	145.84	.006	275.33	.83
RESTORATIVE DENTISTRY	621	1,598	105,727.60	66.16	.041	170.25	2.74
PROSTHETICS	14	13	350.00	26.92	.000	25.00	.01
DENTURES, STAYPLATES	109	264	44,080.00	166.97	.007	404.40	1.14
·	13	12		189.25	.000	174.69	.06
SPACE MAINTAINERS			2,271.00				
MAXILLOFACIAL SERVICES	7	7	1,650.25	235.75	.000	235.75	.04
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	28	33	2,850.00	86.36	.001	101.79	.07
ALL OTHER SERVICES	34	47	75.00	1.60	.001	2.21	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU D	EC 2003	PAGE 9,050
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC ASSIS	STANCE - TOTAL				
					MO	א מיידוד א א דודיידא	an.

38,613 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPEND		VERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	649	1,904 \$	42,	279.53 \$	22.21	.049	65.15	\$ 1.09
DIAGNOSTIC AND ANC. PROCED	336	336	15,	687.69	46.69	.009	46.69	.41
EYE APPLIANCES	536	1,501	25,	006.78	16.66	.039	46.65	.65
OTHER OPTOMETRIC SERVICES	49	67	1,	585.06	23.66	.002	32.35	.04
@CHIROPRACTOR	166	267 \$	4,	381.44 \$	16.41	.007	26.39	\$ .11
VISITS	152	244	4,	037.88	16.55	.006	26.57	.10
OTHER SERVICES	14	23		343.56	14.94	.001	24.54	.01
@PODIATRIST	207	276 \$	3,	894.16 \$	14.11	.007	18.81	\$ .10
MEDICINE/INJECTIONS	35	53	1,	570.23	29.63	.001	44.86	.04
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2		34.60	17.30	.000	34.60	.00
OTHER	174	221	2,	289.33	10.36	.006	13.16	.06
@HOME HEALTH AGENCY	117	1,709 \$	70,	276.27 \$	41.12	.044	600.65	\$ 1.82
NURSE ANESTHESIST	6	86 \$		260.99 \$	3.03	.002	43.50	\$ .01

NURSE MIDWIFE	5	10	\$	228.02	\$ 22.8	.000	\$	45.60	\$	.01
PEDIATRIC NURSE PRACTITIONER	0	0	Ė	.00	\$ .0	000.		.00	\$	.00
FAMILY NURSE PRACTITIONER	170	226	Ė		\$ 24.8			33.00		.15
@TOTAL HOSPITAL	5,669	27,115	Š		\$ 109.4			523.55		76.87
HOSP INPATIENT TOTAL	530	2,246	Υ	2,358,192.18	1049.9		~	4449.42	т	61.07
HSC HOSPITALS	81	713		876,986.92	1230.0	0 .018		10827.00		22.71
		713 786						5750.77		33.81
NON-HSC HOSPITAL TOTAL	227			1,305,425.70	1660.8					
ACCOMMODATIONS	227	786		336,242.92	427.7			1481.25		8.71
ADMINISTRATIVE DAYS	6	52		24,198.11	465.3			4033.02		. 63
TRANSITIONAL IP CARE	0	0		.00	.0			.00		.00
ALL OTHER ACCOM	224	734		312,044.81	425.1			1393.06		8.08
ANCILLARIES	227	0		969,182.78	.0	000.		4269.53		25.10
INPATIENT CROSSOVERS	232	747		175,779.56	235.3	1 .019		757.67		4.55
ALL OTHER INPATIENT	0	0		.00	.0	.000		.00		.00
HOSP OUTPATIENT TOTAL	5,329	24,869		609,837.34	24.5			114.44		15.79
MEDICAL	594	840		33,213.05	39.5			55.91		.86
SURGERY	418	444		11,477.24	25.8			27.46		.30
PATHOLOGY	1,940	7,664		93,757.33	12.2			48.33		2.43
RADIOLOGY	1,324	1,842		137,231.88	74.5			103.65		3.55
ROOM USE	2,756	3,783		149,788.85	39.6			54.35		3.88
CROSSOVERS/ALL OTH OUTPTNT		10,296			17.9			68.59		4.77
			d	184,368.99			4		4	
@COUNTY HOSPITAL TOTAL	16	63	\$		\$ 27.5		Ş	108.35	Ş	.04
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.0			.00		.00
HSC HOSPITALS	0	0		.00	.0			.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.0			.00		.00
ACCOMMODATIONS	0	0		.00	.0	000.		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.0			.00		.00
TRANSITIONAL IP CARE	0	0		.00	.0	.000		.00		.00
ALL OTHER ACCOM	0	0		.00	.0	0.000		.00		.00
ANCILLARIES	0	0		.00	.0	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00	.0			.00		.00
ALL OTHER INPATIENT	0	0		.00	.0			.00		.00
CO HOSP OUTPATIENT TOTAL	16	63		1,733.58	27.5			108.35		.04
MEDICAL	5	5		320.84	64.1			64.17		.01
SURGERY	2	3		454.24	151.4			227.12		.01
PATHOLOGY	1	12		139.27	11.6			34.82		.00
RADIOLOGY		7		191.24	27.3			38.25		.00
	10	11		386.55	35.1			38.66		.01
ROOM USE		25			9.6					
CROSSOVERS/ALL OTH OUTPTNT			DC 140	241.44			DEC	26.83	ъ.	.01
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MC	DNIH-OF-PAYMENI RE	EPORT FOR J.	AN 2003 IHRU	DEC	2 2003	PA	GE 9,051
MOP024	FEE-FOR-SERVICE									01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC .	ASSIS	STANCE - TOTAL						
								THLY AVERA		
38,613 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		OST UNITS/DAY				OST PER
		OR DAYS OF CARE				DAY PER ELIC		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,659	27,052	\$	2,966,295.94	\$ 109.6		\$	524.17	\$	76.82
COMM HOSP INPATIENT TOTAL	530	2,246		2,358,192.18	1049.9			4449.42		61.07
HSC HOSPITALS	81	713		876,986.92	1230.0			10827.00		22.71
NON-HSC HOSPITALS TOTAL	227	786		1,305,425.70	1660.8	5 .020		5750.77		33.81
ACCOMMODATIONS	227	786		336,242.92	427.7	9 .020		1481.25		8.71
ADMINISTRATIVE DAYS	6	52		24,198.11	465.3	5 .001		4033.02		.63
TRANSITIONAL IP CARE	0	0		.00	.0			.00		.00
ALL OTHER ACCOM	224	734		312,044.81	425.1			1393.06		8.08
ANCILLARIES	227	0		969,182.78	.0			4269.53		25.10
INPATIENT CROSSOVERS	232	747		175,779.56	235.3			757.67		4.55
ALL OTHER INPATIENT	0	0		.00	.0			.00		.00
COMM HOSP OUTPATIENT TOTAL	5,318	24,806		608,103.76	24.5			114.35		15.75
MEDICAL	5,310	835		32,892.21	39.3			55.84		.85
MEDICAL SURGERY		441		11,023.00						. 29
	416				25.0			26.50		
PATHOLOGY	1,936	7,652		93,618.06	12.2	3 .198		48.36		2.42

RADIOLOGY	1,319	1,835		137,040.64		74.68	.048	103.9	0 (		3.55
ROOM USE	2 747	3,772		149,402.30		39.61	.098	54.3	39		3.87
CROSSOVERS/ALL OTH OUTPTNT  @STATE HOSPITAL  MENTALLY ILL  DEVELOP. DISABLED  @NURSING FACILITY  LEV A-INTERMEDIATE  LEV B-REHAB MD  LEV B-SUBACUTE FREESTANDING  LEV B-SUBACUTE HSPTL BASED  LEV B-TRANSITIONAL IP CARE  LEV B-REGULAR  @INTERMEDIATE CARE FACILDD  ICF DDH  ICF DD  ICF DDN/DDCN  @HEMODIALYSIS TOTAL  HOSPITAL BASED  HEMODIALYSIS CENTER  @REHABILITATION FACILITY  HOSPITAL BASED  INDEPENDENT FACILITY  PATHOLOGY  XO AND OTHERS  @ORGANIZED OUTPATIENT CLINIC  CLINIC  SURGICENTER	2,681	10,271		184,127.55		17.93	.266	68.6	8		4.77
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.0	00 :	\$	.00
MENTALLY ILL	0	0		.00		.00	.000	. (	0 (		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	. 0	0 (		.00
@NURSING FACILITY	297	7,192	\$	1,023,168.74	\$	142.26	.186	\$ 3445.0	)1 :	\$	26.50
LEV A-INTERMEDIATE	0		•	.00	•	.00	.000	. (	0 (		.00
LEV B-REHAB MD	1	21		2,539.53 42,763.88		120.93	.001	2539.5			.07
LEV B-SUBACUTE FREESTANDING	5	124		42,763.88		344.87	.003	8552.7	78		1.11
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	. (			.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	. (			.00
LEV B-REGULAR	291	0 21 124 0 0 7,047		977,865.33		138.76	.183	3360.3			25.32
@INTERMEDIATE CARE FACILDD	9	518	Ś	94,685.22	\$	182.79		\$ 10520.5		Ś	2.45
TCF DDH	0	0	Υ	,	Υ	.00	.000	. (		Τ	.00
ICF DD	0	0		.00		.00	.000	. 0			.00
ICF DDN/DDCN	9	518		94,685.22		182.79	.013	10520.5			2.45
@HEMODIALYSIS TOTAL	160	3,328	\$	150,413.91	\$			\$ 940.0		Ś	3.90
HOSPITAL BASED	0	0	٧	.00	~	.00	.000			Υ	.00
HEMODIALYSIS CENTER	160	3,328		150,413.91		45.20	.086	940.0			3.90
@REHABILITATION FACILITY	42	•	\$	10,048.24	Ś	13.84	.019			Ś	.26
HOSPITAL BASED	3	7.23	٧	329.04	~	54.84	.000	109.6		Υ	.01
INDEPENDENT FACILITY	39	720		9,719.20		13.50	.019	249.2			.25
@I.ARORATORY FACTLITY	538	726 6 720 2,091 2,079	\$	32,237.79	\$	15.42	.054			Ś	.83
DATHOLOGY	530	2,079	٧	31,648.64	Y	15.22	.054	59.4		Υ	.82
YO AND OTHERS	552	12		589.15		49.10	.000	98.1			.02
@ORGANIZED OUTDATTENT CLINIC	2 346	4,044 561	\$	492,971.77	Ś	121.90	.105			¢	12.77
CI.INIC	186	561	Y	14 020 56	Y	24 99	015	75 3	20 ,	Y	.36
SURGICENTER	18	80		2 694 93		33 69	002	149 7	72		.07
HEROIN DETOX CLINIC	3	46		545 67		11 86	001	181 8	29		.01
PIDAL HEALTH CLINIC	2 158	3 357		475 710 61		141 71	087	220 4	14		12.32
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	FC AND FYDENDITHIDE	ים ו	T/J,/IU.UI MONTH-OF-DAVMENT P	FDOR	TTI./I	ת וופעידי פטטי	220.5 FC 2003		DΛ	GE 9,052
MOP024	FEE-FOR-SERVICE	/DENTAI	ו טו	MONIII-OF-PAIMENT K	EPOR.	I FOR UAN 2	LOUS TIRE D	EC 2003		FA	01/29/04
NEVADA COUNTY		ICES FOR PUBLIC A		ו פייזאורי – יירידאו							01/29/04
NEVADA COUNTI	SUMMART OF SERV	ICES FOR FUBLIC F	100.	ISTANCE - TOTAL			MO	איזים איזים	ים אכו	F _	
38 613 FI.TCTRI.FC	TICEDC	UNITS OF SERVICE		EXPENDITURES	7/1/2	PACE COST	UNITS/DAYS				OST PER
30,013 EDIGIDLES	OBERD	OR DAYS OF CARE				R UNIT/DAY		USER	317	_	LIGIBLE
@ALL OTHER PROVIDERS	3 660	208 230	Ġ	1,084,378.17	\$		5.393		55 (		28.08
DIDYDIE WED EVILLD	3,009	1 1/12	Ą	1/5 002 92	Ą	127 65	.030	528.6		Y	3.78
DI OOD DANK	270	208,230 1,143 0 68 2,457 1,932 241 284		145,902.82		127.65 .00 172.00 24.81	.000	.(			.00
DEVOLUC VID DICDENCEDO	56	60		.00 11,696.09		172 00	.002	208.8			.30
MEDICAL TRANSPORTATION	204	2 457		60 050 72		24 01	.064	200.5			1.58
MEDICAL TRANSPORTATION	267	1 022		60,958.72 45,140.47		23.36	.050	169.0			1.17
AMBULANCES/AIR IRANS	207	1,932		45,140.47		23.36	.050	59.5			.02
OTHER TRANS	10	241		594.98		53.60	.006	400.6			
OTHER SERVICES	38	284		15,223.27		17.12		51.3			.39 .01
ACUPUNCTURE	251	2 020				69.50	.000	841.4			.ui 5.47
38,613 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	∠5⊥ 1.4	2,457 1,932 241 284 12 3,039		211,206.47			.079 .000				5.47
THMC MODEL NE ME ATDOMACO	7.4 	0 60 A		1,470.00		105.00		105.0			.04 6.81
INMC, MODEL-NF, NF, AIDS, MSSP	60	8,684		∠03,U1U./4		30.29	.225	4383.5			
OCCUPATIONAL THERAPIST	(10)	14 8,684 0 1,371		263,010.74 .00 15,392.78		.00	.000	. (			.00
OPTICIAN	918	1,3/1		15,392.78		11.23	.036	24.9			.40
PHISICAL THERAPIST	1.4	5		86.79		17.36	.000	86.7			.00

32

265

263

2

0

0

89

531

133.86

139.63

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23,235.27

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1.69

PORTABLE X-RAY

PROSTHETICS

HOSPICE SERVICES

ORTHOTICS PSYCHOLOGIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

14

124

122

2

0

48

21

0

LOCAL EDUCATION AGENCIES	1,122	40,447	147,776.99	3.65	1.047	131.71	3.83
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	999	150,073	128,214.90	.85	3.887	128.34	3.32
@CALIF. CHILDREN SERVICES*	349	14,287	\$ 518,490.87	\$ 36.29	.370	\$ 1485.65	\$ 13.43
@XOVER EXCLUDING STATE HOSP**	3,537	38,149	\$ 591,795.03	\$ 15.51	.988	\$ 167.32	\$ 15.33

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,053
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

NEVADA COUNTY	SUMMARY OF SERV	VICES FOR MN - NO	SOC	- AGED AID	CODE 14 IH IU				
							NTHLY AVERA	AGE	
3,080 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
,		OR DAYS OF CARE	:		PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2,328	19,616	\$	992,585.50	\$ 50.60	6.369		¢	322.27
@PHYSICIANS SERVICES	411	1,643	\$	30,212.45	\$ 18.39	.533	\$ 73.51		9.81
		,	Ş					Ş	
OUTPATIENT VISITS	14	21		1,046.78	49.85	.007	74.77		.34
OFFICE VISITS	8	8		246.00	30.75	.003	30.75		.08
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	8	13		800.78	61.60	.004	100.10		.26
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
	0	0		.00		.000	.00		.00
OTHER OUTPATIENT	0 7	U			.00				
INPATIENT VISITS	-/	22		1,572.90	71.50	.007	224.70		.51
HOSPITAL VISITS	6	14		660.90	47.21	.005	110.15		.21
CRITICAL CARE	4	8		912.00	114.00	.003	228.00		.30
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	2	2		115.58	57.79	.001	57.79		.04
EXAMINATIONS	2	2		115.58	57.79	.001	57.79		.04
	0	0							
SERVICES AND MATERIALS				.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	10	93		7,482.74	80.46	.030	748.27		2.43
PRINCIPAL SURGEON	8	13		5,118.76	393.75	.004	639.85		1.66
ASSISTANT SURGEON	2	2		518.61	259.31	.001	259.31		.17
ANESTHESIOLOGIST	4	78		1,845.37	23.66	.025	461.34		.60
OUTPATIENT SURGERY	1	1		1,005.21	1005.21	.000	1005.21		.33
PRINCIPAL SURGEON	1	1		1,005.21	1005.21	.000	1005.21		.33
	1	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0								
ANESTHESIOLOGIST	Ü	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	4	7		91.39	13.06	.002	22.85		.03
RADIOLOGY	12	33		627.13	19.00	.011	52.26		.20
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	2	2		12.73	6.37	.001	6.37		.00
OTHER SERVICES/ALL X-OVERS	391	1,462		18,257.99	12.49	.475	46.70		5.93
		10 162	\$	502,838.04	\$ 41.34	3.949		4	163.26
@PHARMACY	2,012	12,163	Ş	502,838.04	\$ 41.34			Ş	
PRESCRIPTION DRUGS	1,989	8,166		497,288.06	60.90	2.651	250.02		161.46
SNF/ICF	98	596		24,416.09	40.97	.194	249.14		7.93
OUTPATIENTS	1,903	7,570		472,871.97	62.47	2.458	248.49		153.53
MEDICAL SUPPLIES	77	3,997		5,549.98	1.39	1.298	72.08		1.80
@DENTIST	76	277	\$		\$ 54.02	.090		Ś	4.86
VISITS - DIAGNOSTIC	51	150	Υ	2,061.80	13.75	.049	40.43	~	.67
	14	40		2,168.00	54.20	.013	154.86		.70
ORAL SURGERY				,					
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	2	2		475.00	237.50	.001	237.50		.15
RESTORATIVE DENTISTRY	18	34		3,041.00	89.44	.011	168.94		.99
PROSTHETICS	0	0		.00	.00	.000	.00		.00
1100111111100	9	O		.00	.00	.000	.00		.00

16	47	7,218.00	153.57	.015	451.13	2.34
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
4	4	.00	.00	.001	.00	.00
MEDI-CAL SERVICES AN	D EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN 2	2003 THRU DE	C 2003	PAGE 9,054
FEE-FOR-SERVICE/DENT	'AL					01/29/04
SUMMARY OF SERVICES	FOR MN - NO SOC	- AGED AID CODE	14 1H 1U	1X		
				MON'	THLY AVERAG	E
	FEE-FOR-SERVICE/DENT	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 4 4 4 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FEE-FOR-SERVICE/DENTAL	0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 00 00 00 00 00 00 00 00 00 00 0

NEVADA COUNTY	SUMMARI OF SERV	TCES FOR MIN - NO	SUC	- AGED AID	COD.	r 14 III IO		~~~		a-	
2 000 HITGIRING	HORRS	INITES OF SECTION			7. 7. 7.		MO	-		_	
3,080 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
		OR DAYS OF CARE	4.			R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	36	93	Ş	1,713.21	Ş	18.42	.030	Ş	47.59	Ş	
DIAGNOSTIC AND ANC. PROCED	2	2		94.90		47.45	.001		47.45		.03
EYE APPLIANCES	28	74		1,286.46		17.38	.024		45.95		.42
OTHER OPTOMETRIC SERVICES	10	17		331.85		19.52	.006		33.19		.11
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	42	53	\$	571.25	\$	10.78	.017	\$	13.60	\$	.19
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	42	53		571.25		10.78	.017		13.60		.19
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000		.00		.00
NURSE ANESTHESIST	1	9	\$	23.07	\$	2.56	.003	\$	23.07	\$	.01
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00		.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	3	3	\$	54.30	\$	18.10	.001		18.10	\$	.02
@TOTAL HOSPITAL	272	1,285	\$	92,247.58	\$	71.79	.417	\$	339.15	\$	29.95
HOSP INPATIENT TOTAL	72	233		70,373.50		302.03	.076		977.41		22.85
HSC HOSPITALS	1	6		7,236.00		1206.00	.002		7236.00		2.35
NON-HSC HOSPITAL TOTAL	3	4		10,625.31		2656.33	.001		3541.77		3.45
ACCOMMODATIONS	3	4		2,290.06	·	572.52	.001		763.35		.74
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	4		2,290.06		572.52	.001		763.35		.74
ANCILLARIES	3	0		8,335.25		.00	.000		2778.42		2.71
INPATIENT CROSSOVERS	68	223		52,512.19		235.48	.072		772.24		17.05
ALL OTHER INPATIENT	0	0		.00		0.0	000		.00		.00
HOSP OUTPATIENT TOTAL	212	1.052		21,874.08		20.79 29.60 177.02 9.98	.342				
MEDICAL	10	11		325.60		29.60	.004		103.18 32.56		.11
SURGERY	1	1		177.02		177 02	.000		177.02		.06
PATHOLOGY	20	95		948.48		9 98	.031		47.42		.31
RADIOLOGY	4	4		261.87		65.47	.001		65.47		.09
ROOM USE	13	21		835.87		39.80	.007		64.30		.27
CROSSOVERS/ALL OTH OUTPTNT	192	920		19,325.24		21.01	.299		100.65		6.27
@COUNTY HOSPITAL TOTAL	0	0	Ś	.00	\$	.00	.000			Ś	.00
CO HOSPITAL INPATIENT TOTAL	, O	n	~	.00	Y	.00	.000	Y	.00	4	.00
HSC HOSPITALS	O	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINICULATIONS	0	0		.00		.00	.000		.00		.00
TRANSTITATIVE DAIS	0	0		.00		.00	.000		.00		.00
AI.I. OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCTITABLES	0	0		.00		.00	.000		.00		.00
TADATTENT ODOCOVEDO	U	U		.00			.000		.00		
INPALLENT CRUSSUVERS	U	0		.00		.00	.000		.00		.00
ALL CHARR INPALLENT	Ü	U		.00		.00	.000		.00		.00
CO HOCD OHDDARTENE HORAT											
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ## HOSP INPATIENT TOTAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER INPATIENT TOTAL MEDICAL SURGERY PATHOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	0	0		.00		.00	.000		.00		.00

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES MONTH-	OF-PAYMENT RI	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 9,055
MOP024	FEE-FOR-SERVICE	DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MN - NO	SOC - AG	ED AID	CODE 14 1H 1U	1X		
						MON	THLY AVERAG	GE
3,080 ELIGIBLES	USERS	UNITS OF SERVICE	E	XPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	272	1,285	\$	92,247.58	\$ 71.79	.417 \$	339.15	\$ 29.95
COMM HOSP INPATIENT TOTAL	72	233		70,373.50	302.03	.076	977.41	22.85
HSC HOSPITALS	1	6		7,236.00	1206.00	.002	7236.00	2.35
NON-HSC HOSPITALS TOTAL	3	4		10,625.31	2656.33	.001	3541.77	3.45
ACCOMMODATIONS	3	4		2,290.06	572.52	.001	763.35	.74

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	4		2,290.06		572.52	.001		763.35		.74
	2	Ō									
ANCILLARIES	3			8,335.25		.00	.000		2778.42		2.71
INPATIENT CROSSOVERS	68	223		52,512.19		235.48	.072		772.24		17.05
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	212	1,052		21,874.08		20.79	.342		103.18		7.10
	10			325.60		29.60					.11
MEDICAL		11					.004		32.56		
SURGERY	1	1		177.02		177.02	.000		177.02		.06
PATHOLOGY	20	95		948.48		9.98	.031		47.42		.31
RADIOLOGY	4	4		261.87		65.47	.001		65.47		.09
ROOM USE	13	21		835.87		39.80	.007		64.30		.27
	100										
CROSSOVERS/ALL OTH OUTPTNT		920		19,325.24		21.01	.299		100.65		6.27
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
	87	2,053	\$	263,471.90	بع	128.34	.667	4	3028.41	۲,	
@NURSING FACILITY			Ą		Ą			\$		Ą	85.54
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
				.00							
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	87	2,053		263,471.90		128.34	.667		3028.41		85.54
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0	·	.00	•	.00	.000	•	.00	•	.00
ICF DD	0	0		.00		.00	.000		.00		.00
	0										
ICF DDN/DDCN	Ü	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	5	\$	1,549.59	\$	309.92	.002	\$	1549.59	\$	.50
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	5		1,549.59		309.92	.002		1549.59		.50
@REHABILITATION FACILITY	_	5 0	\$	.00	\$	.00	.000	ċ.	.00	ط	.00
	0	0	Ą		Ą			Ą		Ą	
HOSPITAL BASED	Ü	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0 9 5		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	9	\$	114.49	\$	12.72	.003	\$	38.16	\$	.04
PATHOLOGY	1	5		53.61	•	10.72	.002	•	53.61	•	.02
XO AND OTHERS	2	4		60.88		15.22	.001		30.44		.02
	2		4					4			
@ORGANIZED OUTPATIENT CLINIC	89	158	Ş	17,230.76	Ş	109.06	.051	Ş	193.60	\$	5.59
CLINIC	1	1		22.41		22.41	.000		22.41		.01
SURGICENTER	2	2		408.35		204.18	.001		204.18		.13
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	86	155		16,800.00		108.39	.050		195.35		5.45
	MEDI GAI GEDITI		TDEC M	ONTH-OF-PAYMENT R			2002	חחם		ъ	
#CALIF DEPT OF HEALTH SERV			JRES M	JNIH-OF-PAIMENI R	EPORI	FOR JAN	2003 IRKU I	DEC	2003	P	AGE 9,056
MOP024	FEE-FOR-SERVICE										01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MN - N	NO SOC	- AGED AID	CODE	14 1H 1U	1X				
							Mo	TNC	HLY AVERA	GE	
3,080 ELIGIBLES	USERS	UNITS OF SERVICE	TE.	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
3,000 22102222	00210	OR DAYS OF CAR		2111 2112 1 1 0 1 1 2 2			PER ELIG		USER		ELIGIBLE
CALL OFFIED DESILEDED	200			67 505 06							
@ALL OTHER PROVIDERS	302	1,865	\$	67,595.06	\$	36.24	.606	Ş	223.82	Ş	21.95
DURABLE MED. EQUIP.	9	12		415.98		34.67	.004		46.22		.14
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	13	18		5,876.53		326.47	.006		452.04		1.91
MEDICAL TRANSPORTATION	15	60		872.64		14.54	.019		58.18		
											.28
AMBULANCES/AIR TRANS	8	61		702.97		11.52	.020		87.87		.23
OTHER TRANS	3	33		117.67		3.57	.011		39.22		.04
OTHER SERVICES	4	34CF	3	52.00		1.53CR		R	13.00		.02
ACUPUNCTURE	0	0		.00		.00	.000	-	.00		.00
	-										
ADULT DAY HEALTH CARE CTR	60	657		45,211.96		68.82	.213		753.53		14.68
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
	ŭ	ŭ		. 3 0							

OPTICIAN	49	103	1,230.38	11.95	.033	25.11	.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	4	3.35	.84	.001	.84	.00
PROSTHETIST/ORTHOTISTS	16	48	625.23	13.03	.016	39.08	.20
PROSTHETICS	16	48	625.23	13.03	.016	39.08	.20
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	12	15	3,173.68	211.58	.005	264.47	1.03
HOSPICE SERVICES	2	4	437.80	109.45	.001	218.90	.14
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	140	944	9,747.51	10.33	.306	69.63	3.16
@CALIF. CHILDREN SERVICES*	1	4	\$ 55.78	\$ 13.95	.001	\$ 55.78	\$ .02
@XOVER EXCLUDING STATE HOSP**	740	3,328	\$ 118,579.96	\$ 35.63	1.081	\$ 160.24	\$ 38.50

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,057 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

					MON	THLY AVERAC	SE
33 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	17	356	\$ 23,664.98	\$ 66.47	10.788 \$	1392.06	\$ 717.12
@PHYSICIANS SERVICES	2	6	\$ 148.14	\$ 24.69	.182 \$	74.07	\$ 4.49
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	6	148.14	24.69	.182	74.07	4.49
@PHARMACY	13	82	\$ 3,610.62	\$ 44.03	2.485 \$	277.74	\$ 109.41
PRESCRIPTION DRUGS	13	82	3,610.62	44.03	2.485	277.74	109.41
SNF/ICF	8	75	3,260.31	43.47	2.273	407.54	98.80
OUTPATIENTS	5	7	350.31	50.04	.212	70.06	10.62

MEDICAL SUPPLIES	0	0	.00		.00	.000	.00	.00
@DENTIST	4	17 \$	1,386.00	\$ 81	.53	.515	\$ 346.50	\$ 42.00
VISITS - DIAGNOSTIC	2	3	75.00	25	.00	.091	37.50	2.27
ORAL SURGERY	1	10	411.00	41	.10	.303	411.00	12.45
DRUGS	1	2	.00		.00	.061	.00	.00
ANESTHESIA	0	0	.00		.00	.000	.00	.00
PERIODONTICS	0	0	.00		.00	.000	.00	.00
ENDODONTICS	0	0	.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00		.00	.000	.00	.00
PROSTHETICS	0	0	.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	900.00	450	.00	.061	900.00	27.27
SPACE MAINTAINERS	0	0	.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR	JAN 2003	THRU DI	EC 2003	PAGE 9,058
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FO	R MN - NO S	OC - BLIND	AID	CODE 24			
						3/107	TOTTT TO ATTOO	7 E

							M	ONT	HLY AVERA	ΔGE	
33 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	2	2	\$	11.62	\$	5.81	.061	\$	5.81	\$	.35
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	2	2		11.62		5.81	.061		5.81		.35
@HOME HEALTH AGENCY	2	74	\$	2,208.38	\$	29.84	2.242	\$	1104.19	\$	66.92
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1	3	\$	840.00	\$	280.00	.091	\$	840.00	\$	25.45
HOSP INPATIENT TOTAL	1	3		840.00		280.00	.091		840.00		25.45
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	3		840.00		280.00	.091		840.00		25.45
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00	•	.00	.000	•	.00	•	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
	0	0								
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	U		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES MOI	NTH-OF-PAYMENT I	REPOR'	r for Jan 2	2003 THRU D	EC 2003	]	PAGE 9,059
MOP024	FEE-FOR-SERVICE	DENTAL								01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MN - NO	SOC ·	- BLIND		AID CODE	24			
							MO	NTHLY AVER	AGE	
33 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV.	ERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	3	\$	840.00	\$	280.00	.091	\$ 840.00	\$	25.45
COMM HOSP INPATIENT TOTAL	1	3		840.00		280.00	.091	840.00		25.45
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	1	3		840.00		280.00	.091	840.00		25.45
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00			\$	.00
MENTALLY ILL	0	0	Ą	.00	Ą	.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	U	132	d	15,325.94	4					
@NURSING FACILITY	5		\$	•	\$	116.11				
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	U	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	Ü	0		.00		.00	.000	.00		.00
LEV B-REGULAR	5	132	_	15,325.94		116.11	4.000	3065.19		464.42
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000			.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
TCE DDM/DDCM	Λ	<b>n</b>		0.0		$\cap$	000	0.0		0.0

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ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

HOSPITAL BASED INDEPENDENT FACILITY

@LABORATORY FACILITY

HOSPITAL BASED

PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00 \$	.00	.000 \$	.00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES MON'	TH-OF-PAYMENT REPO	RT FOR JAN 2	003 THRU DEC	2003	PAGE 9,060
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR	MN - NO SOC -	BLIND	AID CODE	24		
					MONT	HLY AVERAG	E
33 ELIGIBLES	USERS UNITS C	F SERVICE	EXPENDITURES A	VERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAY	S OF CARE	Pl	ER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	40 \$	134.28 \$	3.36	1.212 \$	134.28	\$ 4.07
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	40		134.28	3.36	1.212	134.28	4.07
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000		
@XOVER EXCLUDING STATE HOSP**	6	8	\$	1,137.78	\$ 142.22	.242	\$ 189.63	\$ 34.48
⇒ # momaio in minor time and organi		TATE OD MARKET ON T	THE ONTE SE					

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,061
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	

SUMMARY OF SER	VICES FOR MIN - NO	SUC -	DISABLED 04	OG OH OU OV OX	8G		
					MC	NTHLY AVERA	GE
USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
2,164	60,271	\$	2,175,616.00	\$ 36.10	21.479	\$ 1005.37	\$ 775.34
584	2,283	\$	79,998.88	\$ 35.04	.814	\$ 136.98	\$ 28.51
263	434		15,355.64	35.38	.155	58.39	5.47
198	294		8,130.53	27.65	.105	41.06	2.90
0	0		.00	.00	.000	.00	.00
77	114		6,603.60	57.93	.041	85.76	2.35
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
24	26		621.51	23.90	.009	25.90	.22
47	228		11,349.28	49.78	.081	241.47	4.04
44	204		9,056.29	44.39	.073	205.82	3.23
9	18		2,063.40	114.63	.006	229.27	.74
5	6		229.59	38.27	.002	45.92	.08
6	6		301.34	50.22	.002	50.22	.11
6	6		301.34	50.22	.002	50.22	.11
0	0		.00	.00	.000	.00	.00
18	93		6,273.70	67.46	.033	348.54	2.24
15	23		4,722.14	205.31	.008	314.81	1.68
3	3		361.12	120.37	.001	120.37	.13
4	67		1,190.44	17.77	.024	297.61	.42
41	82		9,622.66	117.35	.029	234.70	3.43
38	48		8,294.16	172.80	.017	218.27	2.96
2	2		489.20	244.60	.001	244.60	.17
6	32		839.30	26.23	.011	139.88	.30
	USERS  2,164 584 263 198 0 77 0 0 24 47 44 9 5 6 6 0 18 15 3 4 41	USERS UNITS OF SERVICE OR DAYS OF CARE  2,164 60,271 584 2,283 263 434 198 294 0 0 77 114 0 0 0 0 24 26 47 228 44 204 9 18 5 6 6 6 6 6 6 6 6 0 0 0 18 93 15 23 3 4 4 67 41 82	USERS UNITS OF SERVICE OR DAYS OF CARE  2,164 60,271 \$ 584 2,283 \$ 263 434 198 294 0 0 0 77 114 0 0 0 0 0 24 26 47 228 44 204 9 18 5 6 6 6 6 6 6 6 0 0 0 18 93 15 23 3 3 4 67 41 82 38 48 2 2	USERS UNITS OF SERVICE OR DAYS OF CARE  2,164 60,271 \$ 2,175,616.00 584 2,283 \$ 79,998.88 263 434 15,355.64 198 294 8,130.53 0 0 0 .00 77 114 6,603.60 0 0 .00 0 0 .00 0 0 .00 24 26 621.51 47 228 11,349.28 44 204 9,056.29 9 18 2,063.40 5 6 229.59 6 6 6 301.34 6 6 6 301.34 0 0 0 .00 18 93 6,273.70 15 23 4,722.14 3 3 3 361.12 4 67 1,190.44 41 82 9,622.66 38 48 8,294.16 2 2 489.20	USERS UNITS OF SERVICE OR DAYS OF CARE 2,164 60,271 \$ 2,175,616.00 \$ 36.10 584 2,283 \$ 79,998.88 \$ 35.04 263 434 15,355.64 35.38 198 294 8,130.53 27.65 0 0 0 .00 .00 77 114 6,603.60 57.93 0 0 0 .00 .00 0 0 .00 0 0 .00 24 26 66 621.51 23.90 47 228 11,349.28 49.78 44 204 9,056.29 44.39 9 18 2,063.40 114.63 5 6 229.59 38.27 6 6 6 301.34 50.22 0 0 0 0 .00 18 93 6,273.70 67.46 15 23 4,722.14 205.31 3 3 3 361.12 120.37 4 67 1,190.44 17.77 41 82 9,622.66 117.35 38 48 8,294.16 172.80 2 2 489.20 244.60	USERS UNITS OF SERVICE OR DAYS OF CARE  2,164 60,271 \$ 2,175,616.00 \$ 36.10 21.479 584 2,283 \$ 79,998.88 \$ 35.04 .814 263 434 15,355.64 35.38 .155 198 294 8,130.53 27.65 .105 0 0 0 .00 .00 .000 77 114 6,603.60 57.93 .041 0 0 0 .00 .00 .00 .000 0 0 0 .00 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE  2,164 60,271 \$ 2,175,616.00 \$ 36.10 21.479 \$ 1005.37  584 2,283 \$ 79,998.88 \$ 35.04 .814 \$ 136.98  263 434 15,355.64 35.38 .155 58.39  198 294 8,130.53 27.65 .105 41.06  0 0 0 .00 .00 .00 .000 .000  77 114 6,603.60 57.93 .041 85.76  0 0 0 .00 .00 .00 .000 .000  77 2114 6,603.60 57.93 .041 85.76  0 0 0 0 .00 .00 .00 .000 .000  24 26 621.51 23.90 .009 25.90  47 228 11,349.28 49.78 .081 241.47  44 204 9,056.29 44.39 .073 205.82  9 18 2,063.40 114.63 .006 229.27  5 6 229.59 38.27 .002 45.92  6 6 6 301.34 50.22 .002 50.22  6 6 6 301.34 50.22 .002 50.22  6 6 6 301.34 50.22 .002 50.22  6 6 6 301.34 50.22 .002 50.22  6 6 6 301.34 50.22 .002 50.22  6 6 6 301.34 50.22 .002 50.22  6 7 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DIALYSIS	5	25		710.72		28.43	.009		142.14		. 25
PATHOLOGY	48	121		2,349.16		19.41	.043		48.94		.84
RADIOLOGY	109	271		10,980.88		40.52	.097		100.74		3.91
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	19	164		3,475.98		21.20	.058		182.95		1.24
OTHER SERVICES/ALL X-OVERS	325	859		19,579.52		22.79	.306		60.24		6.98
@PHARMACY	1,769	17,883	\$	1,328,519.46	\$	74.29	6.373	\$	751.00	\$	473.46
PRESCRIPTION DRUGS	1,746	7,956		1,304,365.23		163.95	2.835		747.06		464.85
SNF/ICF	30	163		13,025.76		79.91	.058		434.19		4.64
OUTPATIENTS	1,718	7,793		1,291,339.47		165.71	2.777		751.65		460.21
MEDICAL SUPPLIES	141	9,927		24,154.23		2.43	3.538		171.31		8.61
@DENTIST	138	543	\$	24,573.00	\$	45.25	.194	\$	178.07	\$	8.76
VISITS - DIAGNOSTIC	87	318		4,466.00		14.04	.113		51.33		1.59
ORAL SURGERY	24	58		2,497.00		43.05	.021		104.04		.89
DRUGS	1	1		25.00		25.00	.000		25.00		.01
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	5	5		800.00		160.00	.002		160.00		. 29
ENDODONTICS	5	8		1,046.00		130.75	.003		209.20		.37
RESTORATIVE DENTISTRY	56	120		11,883.00		99.03	.043		212.20		4.23
PROSTHETICS	1	1		30.00		30.00	.000		30.00		.01
DENTURES, STAYPLATES	11	32		3,826.00		119.56	.011		347.82		1.36
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES M	IONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PF	AGE 9,062
MOP024	FEE-FOR-SERVICE/DENTA	L									01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES F	OR MN - N	IO SOC	C - DISABLED 64 6	6G 6H	4 6U 6V 62	X 8G				

NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MIN - NO	SUC	- DISABLED 64	06 0	H OU OV OX					
							MO				
2,806 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		S	COST PER	COST PER	
		OR DAYS OF CARE	C			R UNIT/DAY			USER	ELIGIBLE	
@OPTOMETRIST	62	151	\$	3,187.22			.054	\$	51.41	\$ 1.14	
DIAGNOSTIC AND ANC. PROCED	19	19		860.90		45.31	.007		45.31	.31	
EYE APPLIANCES	46	124		2,058.86		16.60	.044		44.76	.73	
OTHER OPTOMETRIC SERVICES	8	8		267.46		33.43	.003		33.43	.10	
@CHIROPRACTOR	1	2	\$	16.72	\$	8.36	.001	\$	16.72	\$ .01	
VISITS	0	0		.00		.00	.000		.00	.00	
OTHER SERVICES	1	2		16.72		8.36	.001		16.72	.01	
@PODIATRIST	10	12	\$	343.34	\$	28.61	.004	\$	34.33	\$ .12	
MEDICINE/INJECTIONS	2	3		105.20		35.07	.001		52.60	.04	
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00	
OTHER	8	9		238.14		26.46	.003		29.77	.08	
@HOME HEALTH AGENCY	24	3,284	\$	94,646.19	\$	28.82	1.170	\$	3943.59	\$ 33.73	
NURSE ANESTHESIST	3	49	\$	120.80	\$	2.47	.017	\$	40.27	\$ .04	
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00	
FAMILY NURSE PRACTITIONER	4	4	\$	51.92		12.98	.001	\$	12.98	\$ .02	
@TOTAL HOSPITAL	451	2,808	\$	432,951.04	\$	154.18	1.001	\$	959.98	\$ 154.29	
HOSP INPATIENT TOTAL	58	339		378,662.70		1117.00	.121		6528.67	134.95	
HSC HOSPITALS	12	99		119,098.00		1203.01	.035		9924.83	42.44	
NON-HSC HOSPITAL TOTAL	27	104		246,121.28		2366.55	.037		9115.60	87.71	
ACCOMMODATIONS	27	104		67,692.84		650.89	.037		2507.14	24.12	
ADMINISTRATIVE DAYS	1	3		2,436.00		812.00	.001		2436.00	.87	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00	
ALL OTHER ACCOM	26	101		65,256.84		646.11	.036		2509.88	23.26	
ANCILLARIES	27	0		178,428.44		.00	.000		6608.46	63.59	
INPATIENT CROSSOVERS	19	136		13,443.42		98.85	.048		707.55	4.79	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00	

MEDICAL 53 71 2,790.64 39.30 .025 52.65 .99 SURGERY 32 32 1,441.08 45.03 .011 45.03 .51 PATHOLOGY 153 727 9,263.73 12.74 .259 60.55 3.30 RADIOLOGY 81 193 15,269.31 79.12 .069 188.51 5.44 ROOM USE 127 197 7,494.55 38.04 .070 59.01 2.67 CROSSOVERS/ALL OTH OUTPINT 233 1,249 18,029.03 14.43 .445 77.38 6.43 CCONSTY HOSPITAL TOTAL 8 65 \$49,983.21 \$768.97 .023 \$6247.90 \$17.81 CCO HOSPITAL INPATIENT TOTAL 1 36 \$48,672.00 1352.00 .013 48672.00 17.35 HSC CHOSPITALS 1 36 48,672.00 1352.00 .013 48672.00 17.35 HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT TOTAL 7 29 1,311.21 45.21 .00 .00 .00 CHOSP OUTPATIENT TOTAL 7 29 1,311.21 45.21 .01 187.32 .47 MEDICAL 4 5 239.92 47.98 .00 259.98 .09 SURGERY 1 1 1 2 25.15 .25.15 .00 .25.15 .01 RADIOLOGY 5 1 2 772.33 64.36 .00 .25.15 .01 RADIOLOGY 5 5 12 772.33 64.36 .00 .00 .00 .00 .00  **COSSOVERS/ALL OTH OUTPINT ON SOC - DISABLED 64 66 66 67 67 .00 .00 .00 .00 .00 **COSSOVERS/ALL OTH OUTPINT ON SOC - DISABLED 64 66 66 67 67 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	HOSP OUTPATIENT TOTAL	411	2,469		54,288.34		21.99	.880	132.09		19.35
PATHOLOGY RADIOLOGY 81 153 727 9,263.73 12.74 2.59 60.55 3.30 RADIOLOGY 81 193 15,269.31 79.12 0.69 188.51 5.44 ROOM USE 127 197 7,494.55 38.04 0.70 59.01 2.67 CROSSOVERS/ALL OTH OUTPINT 233 1,249 18.029.03 14.43 445 77.38 6.43 (2001) ROOM USE 1 1 36 48.672.00 1352.00 0.03 \$6247.90 \$17.81 CO HOSPITAL INPATIENT TOTAL 1 36 48.672.00 1352.00 0.013 48672.00 17.35 HSC HOSPITALS TOTAL 0 0 0 0 0.00 0.00 0.00 17.35 HSC HOSPITALS TOTAL 0 0 0 0 0.00 0.00 0.00 0.00 17.35 HSC HOSPITALS TOTAL 0 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00	MEDICAL	53	71		2,790.64		39.30	.025	52.65		.99
RADIOLOGY ROOM USE ROOM US ROOM US ROOM OND ROOM ROOM ROOM ROOM ROOM ROOM ROOM ROO	SURGERY	32	32		1,441.08		45.03	.011	45.03		.51
ROOM USE	PATHOLOGY	153	727		9,263.73		12.74	.259	60.55		3.30
CROSSOVERS/ALL OTH OUTPINT 233 1,249 18,029.03 14.43 .445 77.38 6.43   ©COUNTY HOSPITAL TOTAL 8 65 \$ 49,983.21 \$ 768.97 .023 \$ 6247.90 \$ 17.81   CO HOSPITAL INPATIENT TOTAL 1 36 48,672.00 1352.00 .013 48672.00 17.35   HSC HOSPITALS TOTAL 0 0 0 1352.00 .013 48672.00 17.35   NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	RADIOLOGY	81	193		15,269.31		79.12	.069	188.51		5.44
## COUNTY HOSPITAL TOTAL   8	ROOM USE	127	197		7,494.55		38.04	.070	59.01		2.67
CO HOSPITAL INPATIENT TOTAL  1 36 48,672.00 1352.00 .013 48672.00 17.35  NON-HSC HOSPITALS TOTAL  0 0 0 .00 .00 .00 .00 .00 .00  ACCOMMODATIONS  0 0 0 .00 .00 .00 .00 .00 .00  ACCOMMODATIONS  0 0 0 .00 .00 .00 .00 .00 .00  ADMINISTRATIVE DAYS  0 0 0 .00 .00 .00 .00 .00 .00  TRANSITIONAL IP CARE  0 0 0 .00 .00 .00 .00 .00 .00  ALL OTHER ACCOM  0 0 0 .00 .00 .00 .00 .00 .00  INPATIENT CROSSOVERS  0 0 0 0 .00 .00 .00 .00 .00 .00  ALL OTHER INPATIENT  0 0 0 .00 .00 .00 .00 .00 .00  ALL OTHER INPATIENT  0 0 0 0 .00 .00 .00 .00 .00  ALL OTHER INPATIENT TOTAL  CO HOSP OUTPATIENT TOTAL  4 5 239.92 47.98 .002 59.98 .09  SURGERY  1 1 1 2 25.15 25.15 .00 25.15 .01  PATHOLOGY  FARDIOLOGY  RADIOLOGY  ROOM USE  SUMMARY OF SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,063  MOPO24  MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,063  MOPO24  NEVADA COUNTY  SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED  64 66 61 60 6V 6X 86	CROSSOVERS/ALL OTH OUTPTNT	233	1,249		18,029.03		14.43	.445	77.38		6.43
HSC HOSPITALS  1 36 48,672.00 1352.00 .013 48672.00 17.35 NON-HSC HOSPITALS TOTAL  0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	@COUNTY HOSPITAL TOTAL	8	65	\$	49,983.21	\$	768.97	.023	\$ 6247.90	\$	17.81
NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	CO HOSPITAL INPATIENT TOTAL	1	36		48,672.00		1352.00	.013	48672.00		17.35
ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HSC HOSPITALS	1	36		48,672.00		1352.00	.013	48672.00		17.35
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS   0   0   0   0   0   0   0   0   0	ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ANCILLARIES	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL 7 29 1,311.21 45.21 .010 187.32 .47  MEDICAL 4 5 239.92 47.98 .002 59.98 .09  SURGERY 1 1 25.15 25.15 .000 25.15 .01  PATHOLOGY 1 1 4 31.20 7.80 .001 31.20 .01  RADIOLOGY 5 12 772.33 64.36 .004 154.47 .28  ROOM USE 6 7 242.61 34.66 .002 40.44 .09  CROSSOVERS/ALL OTH OUTPINT 0 0 0 .00 .00 .00 .00 .00  #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,063  MOP024 FEE-FOR-SERVICE/DENTAL  NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
MEDICAL 4 5 239.92 47.98 .002 59.98 .09 SURGERY 1 1 25.15 25.15 .000 25.15 .01 PATHOLOGY 1 1 4 31.20 7.80 .001 31.20 .01 RADIOLOGY 5 12 772.33 64.36 .004 154.47 .28 ROOM USE 6 7 242.61 34.66 .002 40.44 .09 CROSSOVERS/ALL OTH OUTPINT 0 0 0 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,063 MOP024 FEE-FOR-SERVICE/DENTAL NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
SURGERY 1 1 25.15 25.15 .000 25.15 .01 PATHOLOGY 1 1 4 31.20 7.80 .001 31.20 .01 RADIOLOGY 5 12 772.33 64.36 .004 154.47 .28 ROOM USE 6 7 242.61 34.66 .002 40.44 .09 CROSSOVERS/ALL OTH OUTPTNT 0 0 0 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,063 MOP024 FEE-FOR-SERVICE/DENTAL NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	CO HOSP OUTPATIENT TOTAL	7	29		1,311.21		45.21	.010	187.32		.47
PATHOLOGY 1 1 4 31.20 7.80 .001 31.20 .01 RADIOLOGY 5 12 772.33 64.36 .004 154.47 .28 ROOM USE 6 7 242.61 34.66 .002 40.44 .09 CROSSOVERS/ALL OTH OUTPTNT 0 0 0 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,063 MOP024 FEE-FOR-SERVICE/DENTAL NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	MEDICAL	4	5		239.92		47.98	.002	59.98		.09
RADIOLOGY 5 12 772.33 64.36 .004 154.47 .28 ROOM USE 6 7 242.61 34.66 .002 40.44 .09 CROSSOVERS/ALL OTH OUTPINT 0 0 0 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,063 MOP024 FEE-FOR-SERVICE/DENTAL NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	SURGERY	1	1		25.15		25.15	.000	25.15		.01
ROOM USE       6       7       242.61       34.66       .002       40.44       .09         CROSSOVERS/ALL OTH OUTPINT       0       0       .00	PATHOLOGY	1	4		31.20		7.80	.001	31.20		.01
CROSSOVERS/ALL OTH OUTPTNT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	RADIOLOGY	5	12		772.33		64.36	.004	154.47		.28
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,063 MOP024 FEE-FOR-SERVICE/DENTAL NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	ROOM USE	6	7		242.61		34.66	.002	40.44		.09
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MONTH-	OF-PAYMENT F	REPORT	FOR JAN	2003 THRU I	DEC 2003	PAGI	9,063
	MOP024	FEE-FOR-SERVICE/DENTAL	ı							(	)1/29/04
MONTHLY AVERAGE	NEVADA COUNTY	SUMMARY OF SERVICES FO	OR MN - NO	SOC - DI	SABLED 64	6G 6H	6U 6V 6X	K 8G			
0.004								MO	ONTHLY AVERA	GE	

						ANDI AVEKA	
2,806 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		 COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	443	2,743	\$ 382,967.83	\$ 139.62	.978	\$	\$ 136.48
COMM HOSP INPATIENT TOTAL	57	303	329,990.70	1089.08	.108	5789.31	117.60
HSC HOSPITALS	11	63	70,426.00	1117.87	.022	6402.36	25.10
NON-HSC HOSPITALS TOTAL	27	104	246,121.28	2366.55	.037	9115.60	87.71
ACCOMMODATIONS	27	104	67,692.84	650.89	.037	2507.14	24.12
ADMINISTRATIVE DAYS	1	3	2,436.00	812.00	.001	2436.00	.87
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	26	101	65,256.84	646.11	.036	2509.88	23.26
ANCILLARIES	27	0	178,428.44	.00	.000	6608.46	63.59
INPATIENT CROSSOVERS	19	136	13,443.42	98.85	.048	707.55	4.79
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	404	2,440	52,977.13	21.71	.870	131.13	18.88
MEDICAL	49	66	2,550.72	38.65	.024	52.06	.91
SURGERY	31	31	1,415.93	45.68	.011	45.68	.50
PATHOLOGY	152	723	9,232.53	12.77	.258	60.74	3.29
RADIOLOGY	76	181	14,496.98	80.09	.065	190.75	5.17
ROOM USE	121	190	7,251.94	38.17	.068	59.93	2.58
CROSSOVERS/ALL OTH OUTPTNT	233	1,249	18,029.03	14.43	.445	77.38	6.43
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	11	272	\$ 46,974.63	\$ 172.70	.097	\$ 4270.42	\$ 16.74
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	11	272	46,974.63	172.70	.097	4270.42	16.74
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	20	87	\$	9,021.11	\$	103.69	.031	\$	451.06	\$	3.21
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	20	87		9,021.11		103.69	.031		451.06		3.21
@REHABILITATION FACILITY	4	19	\$	514.39	\$	27.07	.007	\$	128.60	\$	.18
HOSPITAL BASED	1	11		388.44		35.31	.004		388.44		.14
INDEPENDENT FACILITY	3	8		125.95		15.74	.003		41.98		.04
@LABORATORY FACILITY	22	105	\$	1,191.84	\$	11.35	.037	\$	54.17	\$	.42
PATHOLOGY	22	105		1,191.84		11.35	.037		54.17		.42
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	165	290	\$	34,944.83	\$	120.50	.103	\$	211.79	\$	12.45
CLINIC	1	1		2.85		2.85	.000		2.85		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	164	289		34,941.98		120.91	.103		213.06		12.45
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES M	ONTH-OF-PAYMENT I	REPORT	FOR JAN 2	2003 THRU I	DEC 2	2003	P	AGE 9,064
MOP024	FEE-FOR-SERVICE/DENTAL	l									01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FO	R MN - N	10 SOC	- DISABLED 64	6G 6H	1 6U 6V 6X	8G				

----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS 2,806 ELIGIBLES USERS @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. 

 PED SUBACUTE REHAB/WEANING
 0
 0
 .00

 ALL OTHER PROVIDERS
 53
 14,231
 11,980.08

 @CALIF. CHILDREN SERVICES\*
 19
 1,649
 \$
 14,781.49
 \$

 @XOVER EXCLUDING STATE HOSP\*\*
 417
 3,006
 \$
 54,050.09
 \$

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,065 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K NEVADA COUNTY

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

35,401 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	16,456	101,173	\$ 5,222,840.73	\$ 51.62	2.858	\$ 317.38	\$ 147.53
@PHYSICIANS SERVICES	7,793	19,177	\$ 732,218.28	\$ 38.18	.542	\$ 93.96	\$ 20.68
OUTPATIENT VISITS	6,218	8,648	303,164.00	35.06	.244	48.76	8.56
OFFICE VISITS	4,398	5,675	168,574.98	29.70	.160	38.33	4.76
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2,184	2,730	121,620.28	44.55	.077	55.69	3.44
PREVENTIVE CARE	4	4	209.82	52.46	.000	52.46	.01
OB VISITS/COMPRE PERI	77	124	9,506.64	76.67	.004	123.46	.27
OTHER OUTPATIENT	108	115	3,252.28	28.28	.003	30.11	.09
INPATIENT VISITS	278	813	50,056.20	61.57	.023	180.06	1.41
HOSPITAL VISITS	264	609	25,827.37	42.41	.017	97.83	.73
CRITICAL CARE	25	202	24,173.83	119.67	.006	966.95	.68
SNF/ICF/TRANS IP CARE	1	2	55.00	27.50	.000	55.00	.00
OPHTHALMOLOGICAL SERVICES	88	94	4,536.88	48.26	.003	51.56	.13

EXAMINATIONS	87	93	4,511.88	48.51	.003	51.86	.13
SERVICES AND MATERIALS	1	1	25.00	25.00	.000	25.00	.00
INPATIENT HOSPITAL SURGERY	223	968	122,111.51	126.15	.027	547.59	3.45
PRINCIPAL SURGEON	151	182	101,959.64	560.22	.005	675.23	2.88
ASSISTANT SURGEON	23	21	3,645.24	173.58	.001	158.49	.10
ANESTHESIOLOGIST	79	765	16,506.63	21.58	.022	208.94	.47
OUTPATIENT SURGERY	689	1,361	95,883.32	70.45	.038	139.16	2.71
PRINCIPAL SURGEON	618	781	81,073.22	103.81	.022	131.19	2.29
ASSISTANT SURGEON	3	3	238.28	79.43	.000	79.43	.01
ANESTHESIOLOGIST	117	577	14,571.82	25.25	.016	124.55	.41
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	868	1,284	17,632.94	13.73	.036	20.31	.50
RADIOLOGY	1,548	2,263	64,231.57	28.38	.064	41.49	1.81
PSYCHIATRY	4	4	201.33	50.33	.000	50.33	.01
IMMUNIZATION AND INJECTION	247	470	18,263.27	38.86	.013	73.94	.52
OTHER SERVICES/ALL X-OVERS	800	3,272	56,137.26	17.16	.092	70.17	1.59
@PHARMACY	8,133		\$ 1,581,345.69		1.001		
PRESCRIPTION DRUGS	8,089	18,707	1,118,898.35	59.81	.528	138.32	31.61
SNF/ICF	17	54	2,124.81	39.35	.002	124.99	.06
OUTPATIENTS	8,077	18,653	1,116,773.54	59.87	.527	138.27	31.55
MEDICAL SUPPLIES	165	16,715	462,447.34	27.67	.472	2802.71	13.06
@DENTIST	1,540		\$ 251,952.35		.176		
VISITS - DIAGNOSTIC	1,051	3,663	61,969.95	16.92	.103	58.96	1.75
ORAL SURGERY	190	490	27,585.00	56.30	.014	145.18	.78
DRUGS	104	126	2,723.75	21.62	.004	26.19	.08
ANESTHESIA	10	11	900.00	81.82	.000	90.00	.03
PERIODONTICS	18	19	2,292.00	120.63	.001	127.33	.06
ENDODONTICS	128	231	38,299.50	165.80	.007	299.21	1.08
RESTORATIVE DENTISTRY	562	1,491	98,752.15	66.23	.042	175.72	2.79
PROSTHETICS	3	3	90.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	26	45	12,031.00	267.36	.001	462.73	.34
SPACE MAINTAINERS	18	19	2,471.00	130.05	.001	137.28	.07
MAXILLOFACIAL SERVICES	1	1	48.00	48.00	.000	48.00	.00
FRACTURES, DISLOCATIONS	2	2	1,900.00	950.00	.000	950.00	.05
ORTHODONTIC SERVICES	33	40	•	68.50	.001	83.03	.08
ALL OTHER SERVICES	33 41	80	2,740.00 150.00	1.88	.001	3.66	.00
#CALIF DEPT OF HEALTH SERV			150.00 S MONTH-OF-PAYMENT R				
MOP024		· · · · · · · · · · · · · · · · · · ·	S MONIH-OF-PAYMENI R	REPORT FOR JAN	2003 IHRU DI	EC 2003	PAGE 9,066 01/29/04
NEVADA COUNTY	FEE-FOR-SERVICE		-FAM 34 39 3N 3T 3V	E4 E0 ET E17 E3	7 6 T 7 T 7 V		01/29/04
NEVADA COUNTY	SUMMAKY OF SERV	TCES FOR MIN-NOSOC	-FAM 34 39 3N 3T 3V	34 39 30 3W-5		י מייינות אי דוויחד.	CE
25 401 BLIGIDIES	HGERG	INTEG OF GEDVICE	HADEMDIEGO	ATTERNACE COC	1OM		
35,401 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	L UNITS/DAYS	COST PER	COST PER

35,401 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	ERAGE COST R UNIT/DAY	UNITS/DAY PER ELIG	 COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	392	1,140	\$ 26,612.62	\$ 23.34	.032	\$ 67.89	\$ .75
DIAGNOSTIC AND ANC. PROCED	291	292	13,770.48	47.16	.008	47.32	.39
EYE APPLIANCES	296	831	12,290.95	14.79	.023	41.52	.35
OTHER OPTOMETRIC SERVICES	14	17	551.19	32.42	.000	39.37	.02
@CHIROPRACTOR	211	332	\$ 5,505.06	\$ 16.58	.009	\$ 26.09	\$ .16
VISITS	211	332	5,505.06	16.58	.009	26.09	.16
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	29	46	\$ 1,334.78	\$ 29.02	.001	\$ 46.03	\$ .04
MEDICINE/INJECTIONS	28	39	1,203.46	30.86	.001	42.98	.03
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	3	5	81.32	16.26	.000	27.11	.00
OTHER	2	2	50.00	25.00	.000	25.00	.00
@HOME HEALTH AGENCY	35	139	\$ 9,400.49	\$ 67.63	.004	\$ 268.59	\$ .27
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	21	54	\$ 3,438.71	\$ 63.68	.002	\$ 163.75	\$ .10
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	168	212	\$ 5,293.24	\$ 24.97	.006	\$ 31.51	\$ .15
@TOTAL HOSPITAL	4,483	20,515	\$ 2,053,552.72	\$ 100.10	.580	\$ 458.08	\$ 58.01

HOSP INPATIENT TOTAL	296	1,114		1,530,681.48	1374.04	.031	5171.22	43.2	
HSC HOSPITALS	43	239		321,931.08	1346.99	.007	7486.77	9.09	9
NON-HSC HOSPITAL TOTAL	244	848		1,202,023.60	1417.48	.024	4926.33	33.9	5
ACCOMMODATIONS	244	848		355,658.40	419.41	.024	1457.62	10.09	5
ADMINISTRATIVE DAYS	1	4		3,248.00	812.00	.000	3248.00	. 09	9
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	)
ALL OTHER ACCOM	244	844		352,410.40	417.55	.024	1444.30	9.9	5
ANCILLARIES	244	0		846,365.20	.00	.000	3468.71	23.93	1
INPATIENT CROSSOVERS		27		6,726.80	249.14	.001	747.42	.19	9
	•	0		.00	.00	.000	.00	.00	)
HOSP OUTPATIENT TOTAL	4,336	19,401		522,871.24	26.95	.548	120.59	14.7	7
MEDICAL	559	709		24,451.91	34.49	.020	43.74	. 69	9
SURGERY	426	477		12,386.48	25.97	.013	29.08	. 3!	
PATHOLOGY	1,733	6,154		80,845.33	13.14	.174	46.65	2.28	
RADIOLOGY		1,607		112,099.89	69.76	.045	93.03	3.1	
ROOM USE	3,012	4,260		161,291.14	37.86	.120	53.55	4.50	5
CROSSOVERS/ALL OTH OUTPTNT	•	6,194		131,796.49	21.28	.175	71.20	3.72	
@COUNTY HOSPITAL TOTAL	5	18	\$	853.57	\$ 47.42	.001		\$ .02	2
CO HOSPITAL INPATIENT TOTAL	0	0	-	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	5	18		853.57	47.42	.001	170.71	. 02	
MEDICAL	1	3		139.09	46.36	.000	139.09	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	1	5		48.39	9.68	.000	48.39	.00	
RADIOLOGY	2	3		70.67	23.56	.000	35.34	.00	
ROOM USE	2	2		80.82	40.41	.000	40.41	.00	
CROSSOVERS/ALL OTH OUTPTNT	5	5		514.60	102.92	.000	102.92	. 0.1	
	MEDI-CAL SERVICES AND		RES M					PAGE 9,0	
	FEE-FOR-SERVICE/DENT	_	11					01/29	
NEVADA COUNTY	SUMMARY OF SERVICES		OC-FA	M 34 39 3N 3T 3V F	54 59 5J 5W-5N	7 6.Т 7.Т 7к		01/20/	~ -
		111 1100					NTHLY AVERA	GE	_
						1.10			

USERS 35,401 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG **USER** ELIGIBLE @COMMUNITY HOSPITAL TOTAL 4,481 20,497 2,052,699.15 \$ 100.15 .579 \$ 458.09 57.98 COMM HOSP INPATIENT TOTAL 296 1,114 1,530,681.48 1374.04 .031 5171.22 43.24 HSC HOSPITALS 43 239 321,931.08 1346.99 .007 7486.77 9.09 244 848 4926.33 33.95 NON-HSC HOSPITALS TOTAL 1,202,023.60 1417.48 .024 244 848 355,658.40 419.41 .024 1457.62 10.05 ACCOMMODATIONS 3,248.00 812.00 .000 3248.00 .09 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE 0 0 .00 .00 .000 .00 .00 244 352,410.40 844 417.55 .024 1444.30 9.95 ALL OTHER ACCOM 244 846,365.20 .000 3468.71 23.91 ANCILLARIES 0 .00 27 747.42 INPATIENT CROSSOVERS 9 6,726.80 249.14 .001 .19 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 4,333 19,383 522,017.67 26.93 .548 120.47 14.75 MEDICAL 559 706 24,312.82 34.44 .020 43.49 .69 477 .35 SURGERY 426 12,386.48 25.97 .013 29.08 1,733 6,149 80,796.94 13.14 .174 46.62 2.28 PATHOLOGY RADIOLOGY 1,204 1,604 112,029.22 69.84 .045 93.05 3.16 3,011 4,258 161,210.32 37.86 .120 53.54 4.55 ROOM USE 1,848 6,189 131,281.89 21.21 .175 71.04 3.71 CROSSOVERS/ALL OTH OUTPTNT .00 @STATE HOSPITAL 0 0 \$ .00 .000 \$ .00 \$ .00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	62	\$	7,143.02	\$	115.21	.002	\$	7143.02	\$	.20
LEV A-INTERMEDIATE	0	0		.00		.00	.000	•	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	62		7,143.02		115.21	.002		7143.02		.20
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	15	33	\$	6,931.13	\$	210.03	.001	\$	462.08	\$	.20
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	15	33		6,931.13		210.03	.001		462.08		.20
@REHABILITATION FACILITY	11	37	\$	1,097.52	\$	29.66	.001	\$	99.77	\$	.03
HOSPITAL BASED	6	12		727.24		60.60	.000		121.21		.02
INDEPENDENT FACILITY	5	25		370.28		14.81	.001		74.06		.01
@LABORATORY FACILITY	700	1,527	\$	29,116.71	\$	19.07	.043	\$	41.60	\$	.82
PATHOLOGY	700	1,527		29,116.71		19.07	.043		41.60		.82
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,762	3,414	\$	392,506.34	\$	114.97	.096	\$	222.76	\$	11.09
CLINIC	309	939		25,152.47		26.79	.027		81.40		.71
SURGICENTER	27	149		4,151.44		27.86	.004		153.76		.12
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,453	2,326		363,202.43		156.15	.066		249.97		10.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		JRES MC	NTH-OF-PAYMENT R	EPOR1	FOR JAN 2	2003 THRU	DEC	2003	PI	GE 9,068
MOP024	FEE-FOR-SERVICE/DENT										01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES	FOR MN-NOS	SOC-FAM	1 34 39 3N 3T 3V	54 59	5J 5W-5Y	6J 7J 7K				

NEVADA COUNTI	SUMMANT OF SEN	VICES FOR MM-MOSOC-FAM	I DE DO DI DV .	34 39 30 3W-31	00 /0 /K		
					MON	THLY AVERA	GE
35,401 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,625	12,842 \$	115,392.07	\$ 8.99	.363 \$	71.01	\$ 3.26
DURABLE MED. EQUIP.	28	44	3,602.67	81.88	.001	128.67	.10
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	4	1,490.94	372.74	.000	372.74	.04
MEDICAL TRANSPORTATION	147	1,178	32,896.77	27.93	.033	223.79	.93
AMBULANCES/AIR TRANS	144	1,145	23,766.05	20.76	.032	165.04	.67
OTHER TRANS	2	21	108.64	5.17	.001	54.32	.00
OTHER SERVICES	6	12	9,022.08	751.84	.000	1503.68	.25
ACUPUNCTURE	3	3	70.28	23.43	.000	23.43	.00
ADULT DAY HEALTH CARE CTR	1	3	205.71	68.57	.000	205.71	.01
GENETIC DISEASE TESTING	55	55	5,533.00	100.60	.002	100.60	.16
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	324	687	6,221.97	9.06	.019	19.20	.18
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	39	72	7,208.14	100.11	.002	184.82	.20
PROSTHETICS	38	71	7,157.20	100.81	.002	188.35	.20
ORTHOTICS	1	1	50.94	50.94	.000	50.94	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	17	34	1,426.36	41.95	.001	83.90	.04
HOSPICE SERVICES	0	0	3,120.66	.00	.000	.00	.09
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,000	7,972	51,373.90	6.44	.225	51.37	1.45
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

.079 ALL OTHER PROVIDERS 34 2,790 2,241.67 .80 65.93 .06 @CALIF. CHILDREN SERVICES\* 122 3,707 548,541.81 147.97 .105 \$ 4496.24 \$ 15.50 @XOVER EXCLUDING STATE HOSP\*\* 115 20,705.21 .052 \$ 180.05 \$ 1,854 \$ \$ 11.17 .58

 $@^{\star}$  Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,069
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

NEVADA COUNTI	SOMMAN OF SERV	TCES FOR MIN NO	DOC	IOIAL		MONT	ת כוקונא אוויים	C F	
41,320 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				OST PER
41,320 ELIGIBLES	USERS			EXPENDITORES					
OHOHAI ALI DROMIDEDO	20 065	OR DAYS OF CARE		0 414 707 01	PER UNIT/DAY	PER ELIG	USER		LIGIBLE
@TOTAL, ALL PROVIDERS	20,965	181,416	\$	8,414,707.21	\$ 46.38	4.391 \$	401.37	\$	203.65
@PHYSICIANS SERVICES	8,790	23,109	\$	842,577.75	\$ 36.46	.559 \$	95.86	\$	20.39
OUTPATIENT VISITS	8,790 6,495 4,604 0 2,269	9,103		319,566.42	35.11	.220	49.20		7.73
OFFICE VISITS	4,604	5,977		176,951.51	29.61	.145	38.43		4.28
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	2,269	2,857		129,024.66	45.16	.069	56.86		3.12
PREVENTIVE CARE OB VISITS/COMPRE PERI	4	4		209.82	52.46	.000	52.46		.01
	77	124		9,506.64	76.67	.003	123.46		.23
OTHER OUTPATIENT	77 132 332 314	141		3,873.79	27.47	.003	29.35		.09
INPATIENT VISITS	332	1,063		62,978.38	59.25	.026	189.69		1.52
HOSPITAL VISITS	314	827		35,544.56	42.98	.020	113.20		.86
CRITICAL CARE	30	228		27,149.23	119.08	.006	714.45		.66
SNF/ICF/TRANS IP CARE	6	8		284.59	35.57	.000	47.43		.01
OPHTHALMOLOGICAL SERVICES	96	102		4,953.80	48.57	.002	51.60		.12
EXAMINATIONS	95	101		4,928.80	48.80	.002	51.88		.12
SERVICES AND MATERIALS	1	1		25.00	25.00	.000	25.00		.00
INPATIENT HOSPITAL SURGERY	95 1 251	1,154		135,867.95	117.74	.028	541.31		3.29
PRINCIPAL SURGEON	174	218		111,800.54	512.85	.005	642.53		2.71
ASSISTANT SURGEON	28	26		4,524.97	174.04	.001	161.61		.11
ANESTHESIOLOGIST	87	910		19,542.44	21.48	.022	224.63		.47
OUTPATIENT SURGERY	731	1,444		106,511.19	73.76	.035	145.71		2.58
PRINCIPAL SURGEON	657	830		90,372.59	108.88	.020	137.55		2.19
ASSISTANT SURGEON	5	5		727.48	145.50	.000	145.50		.02
ANESTHESIOLOGIST	123	609		15,411.12	25.31	.015	125.29		.37
DIALYSIS	5	25		710.72	28.43	.001	142.14		.02
	920	1,412		20,073.49	14.22	.034	21.82		.49
PATHOLOGY	1,669	2,567		20,073.49 75 020 50	29.54	.062	45.44		1.84
RADIOLOGY	1,669	2,507 4		75,839.58 201.33	50.33	.002	50.33		.00
PSYCHIATRY	=								
IMMUNIZATION AND INJECTION		636		21,751.98	34.20	.015	81.16		.53
OTHER SERVICES/ALL X-OVERS	1,518	5,599		94,122.91	16.81	.136	62.00		2.28
@PHARMACY	11,927	65,550	\$		\$ 52.12	1.586 \$		\$	82.68
PRESCRIPTION DRUGS	11,837	34,911		2,924,162.26	83.76	.845	247.04		70.77
SNF/ICF	153	888		42,826.97	48.23	.021	279.91		1.04
OUTPATIENTS	11,703	34,023		2,881,335.29	84.69	.823	246.20		69.73
MEDICAL SUPPLIES	153 11,703 383 1,758	30,639		492,151.55	16.06	.742	1284.99		11.91
@DENTIST	1,758 1,191	7,058	\$	292,875.15	\$ 41.50	.171 \$		\$	7.09
VISITS - DIAGNOSTIC	1,191	4,134		68,572.75	16.59	.100	57.58		1.66
ORAL SURGERY	229	598		32,661.00	54.62	.014	142.62		.79
DRUGS	106	129		2,748.75	21.31	.003	25.93		.07
ANESTHESIA	10	11		900.00	81.82	.000	90.00		.02
PERIODONTICS	23	24		3,092.00	128.83	.001	134.43		.07
ENDODONTICS	135	241		39,820.50	165.23	.006	294.97		.96
RESTORATIVE DENTISTRY	636	1,645		113,676.15	69.10	.040	178.74		2.75
PROSTHETICS	4	4		120.00	30.00	.000	30.00		.00
DENTURES, STAYPLATES	54	126		23,975.00	190.28	.003	443.98		.58
SPACE MAINTAINERS	18	19		2,471.00	130.05	.000	137.28		.06
MAXILLOFACIAL SERVICES	1	1		48.00	48.00	.000	48.00		.00
FRACTURES, DISLOCATIONS	2	2		1,900.00	950.00	.000	950.00		.05
TIGICIONED, DIDUCKITOND	2	2		1,500.00	230.00	.000	230.00		.03

ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	33 45 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	•	2,740.00 150.00 MONTH-OF-PAYMENT R	68.50 1.79 EPORT FOR JAN	.001 .002 2003 THRU DE	83.03 3.33 C 2003	.07 .00 PAGE 9,070 01/29/04
					MON	THLY AVERA	GE
41,320 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	490	1,384 \$	31,513.05	\$ 22.77	.033 \$	64.31	\$ .76
DIAGNOSTIC AND ANC. PROCED	312	313	14,726.28	47.05	.008	47.20	.36
EYE APPLIANCES	370	1,029	15,636.27	15.20	.025	42.26	.38
OTHER OPTOMETRIC SERVICES	32	42	1,150.50	27.39	.001	35.95	.03
@CHIROPRACTOR	212	334 \$	5,521.78	\$ 16.53	.008 \$	26.05	\$ .13
VISITS	211	332	5,505.06	16.58	.008	26.09	.13
OTHER SERVICES	1	2	16.72	8.36	.000	16.72	.00
@PODIATRIST	83	113 \$	2,260.99	\$ 20.01	.003 \$	27.24	\$ .05

MEDICINE/INJECTIONS	30	42		1,308.66		31.16	.001	4:	3.62		.03
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	3	5		81.32		16.26	.000	2'	7.11		.00
OTHER	54	66		871.01		13.20	.002		5.13		.02
MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	61	66 3,497	ċ	106,255.06	\$			\$ 1743		Ġ	2.57
MIDGE AMEGRICACE	01	5,457	Υ 4		Υ	2.48					.00
NURSE ANESIHESISI	4	58	Þ Å	143.87					5.97		
NURSE MIDWIFE	21	54	\$	3,438.71	\$	63.68	.001	\$ 16.	3.75	\$	.08
PEDIATRIC NURSE PRACTITIONER	0	54 0 219 24,611	Ş	.00	\$	.00	.000	Ş	.00	Ş	.00
FAMILY NURSE PRACTITIONER	175	219	\$	5,399.46	\$	24.66	.005		0.85		.13
@TOTAL HOSPITAL	5,207	24,611	\$	2,579,591.34	\$	104.81	.596	\$ 49!	5.41	\$	62.43
HOSP INPATIENT TOTAL	Δ')'/	1 689		5,399.46 2,579,591.34 1,980,557.68		1172.62	.041	4638	3.31		47.93
HSC HOSPITALS	56	344		448,265.08		1303.10	.008	8004	4.73		10.85
NON-HSC HOSPITAL TOTAL	274	956		1,458,770.19		1525.91	.023		3.98		35.30
NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	274	956 956		425,641.30		445 23	.023		3.44		10.30
ADMINITETDATIVE DAVE	2/1	7		5,684.00		912 00	.000		2.00		.14
TO ANCITTONAL TO CARE	0	0		3,004.00		012.00	.000	201.			.00
TRANSTITONAL IP CARE	0.73	0.40		.00 419,957.30		.00			.00		
ALL OTHER ACCOM	2/3	949		419,957.30		442.53	.023		8.31		10.16
ANCILLARIES	2.74	0		1,033,128.89		.00	.000		0.54		25.00
HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	97	389		73,522.41		189.00	.009	75'	7.96		1.78
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL		22,922		599,033.66		26.13	.555	120	08.0		14.50
MEDICAL	622	791		27,568.15		34.85	.019	4	4.32		.67
SURGERY	622 459	510		14,004.58		27.46	.012		0.51		.34
	1,906	6,976		91,057.54		104.81 1172.62 1303.10 1525.91 445.23 812.00 .00 442.53 .00 189.00 .00 26.13 34.85 27.46 13.05 70.75 37.88 20.23	.169		7.77		2.20
RADIOI.OGV	1 290	1 804		127,631.07		70 75	.044		8.94		3.09
DOOM HIGE	2 152	1,804 4,478		169,621.56		27 88	.108		3.81		4.11
PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT  ©COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SUBGERY	2 276	4,478 8,363 83 36 36 0 0 0 0 0 0 0 0 47 8 1 9		169,150.76		70.75 37.88 20.23 612.49 1352.00 1352.00	.202		4.32		4.09
CROSSOVERS/ALL OIR OUIPINI	2,2/0	0,303	4	•	4	20.23	. 202			4	
@COUNTY HOSPITAL TOTAL	13	83	\$	50,836.78	Ş	612.49	.002	\$ 3910		Ş	1.23
CO HOSPITAL INPATIENT TOTAL	1	36		48,672.00		1352.00	.001	4867			1.18
HSC HOSPITALS	1	36		48,672.00		1352.00	.001	4867			1.18
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
TNDATTENT CROSSOVERS	0	Û		.00		.00	.000		0.0		.00
ALL OTHER INDATIENT	Ů.	Õ		.00		.00	.000	180 7! 2!	.00		.00
CO HOCD OUTDATTENT TOTAL	1.2	47		2,164.78		46.06	.001	101	0.40		.05
MEDICAL	12	47		379.01		47.38	.000	71	5 - <del>1</del> 0		.01
MEDICAL		0		3/9.01				7:	5.00		
BORGERT	1	1		25.15		25.15	.000	∠:	5.IS		.00
PATHOLOGY	2	9		79.59		8.84	.000		9.80		.00
RADIOLOGY	./	15		843.00		56.20	.000		0.43		.02
ROOM USE	8	9		323.43		35.94	.000		0.43		.01
CROSSOVERS/ALL OTH OUTPTNT	5	5		514.60		102.92	.000		2.92		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURE:	S MON	TH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC 2001	3	PA	GE 9,071
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/29/04
NEVADA COUNTY	SUMMARY OF SERV	JICES FOR MN - NO	SOC -	TOTAL							
							M	ONTHLY A	AVERA	GE -	
41,320 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ΔVÆ	RAGE COST					COST PER
11,320 11101110	ODLIND	OR DAYS OF CARE					PER ELIG		ER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,197		\$	2,528,754.56		103.10	.594		5.58		61.20
COMM HOSP INPATIENT TOTAL				1 931 885 68							
COMMEDIATE INTERPRETATION OF THE	470	1.033		1.71.007.00		1100./1	. U4()	4734	T. 74		+u./7

COMM HOSP INPATIENT TOTAL 426 1,653 1,931,885.68 1168.71 .040 4534.94 46.75 55 HSC HOSPITALS 308 399,593.08 1297.38 .007 7265.33 9.67 NON-HSC HOSPITALS TOTAL 274 956 1,458,770.19 1525.91 .023 5323.98 35.30 274 956 425,641.30 445.23 1553.44 10.30 ACCOMMODATIONS .023 ADMINISTRATIVE DAYS 2 7 5,684.00 812.00 .000 2842.00 .14 .00 .00 TRANSITIONAL IP CARE 0 0 .00 .00 .000 273 949 419,957.30 442.53 .023 1538.31 ALL OTHER ACCOM 274 0 1,033,128.89 .000 3770.54 25.00 ANCILLARIES .00

INPATIENT CROSSOVERS	97	389		73,522.41		189.00	.009		757.96		1.78
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4,949	22,875		596,868.88		26.09	.554		120.60		14.45
MEDICAL	618	783		27,189.14		34.72	.019		44.00		.66
SURGERY	458	509		13,979.43		27.46	.012		30.52		.34
PATHOLOGY	1,905	6,967		90,977.95		13.06	.169		47.76		2.20
RADIOLOGY	1,284	1,789		126,788.07		70.87	.043		98.74		3.07
ROOM USE	3,145	4,469		169,298.13		37.88	.108		53.83		4.10
CROSSOVERS/ALL OTH OUTPTNT		8,358		168,636.16		20.18	.202		74.19		4.08
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	•	.00	•	.00	.000		.00	-	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	104	2,519	\$	332,915.49	\$	132.16	.061	\$	3201.11	\$	8.06
LEV A-INTERMEDIATE	0	. 0	•	.00	·	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	104	2,519		332,915.49		132.16	.061		3201.11		8.06
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	Ś	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00	•	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	36	125	\$	17,501.83	Ś	140.01	.003	\$	486.16	Ġ	.42
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	36	125		17,501.83		140.01	.003		486.16		.42
@REHABILITATION FACILITY	15	56	\$	1,611.91	\$		.001	\$	107.46	Ġ	.04
HOSPITAL BASED	7	23		1,115.68		48.51	.001		159.38	•	.03
INDEPENDENT FACILITY	8	33		496.23		15.04	.001		62.03		.01
@LABORATORY FACILITY	725	1,641	\$	30,423.04	\$		.040	\$	41.96	Ġ	.74
PATHOLOGY	723	1,637		30,362.16		18.55	.040		41.99	•	.73
XO AND OTHERS	2	4		60.88		15.22	.000		30.44		.00
@ORGANIZED OUTPATIENT CLINIC	2,016	3,862	\$	444,681.93	Ś	115.14	.093	Ġ	220.58	Ġ	10.76
CLINIC	311	941	т	25,177.73	-	26.76	.023	т.	80.96	*	.61
SURGICENTER	29	151		4,559.79		30.20	.004		157.23		.11
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,703	2,770		414,944.41		149.80	.067		243.65		10.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES MO		EPORT			DEC		PΔ	GE 9,072
MOP024	FEE-FOR-SERVICE/DE				0.0.				_ 0 0 0		01/29/04
NEVADA COUNTY	SUMMARY OF SERVICE		o soc	- TOTAL							-1, 22, 31
				5 <del></del>			N	IONT	HLY AVERA	GE -	
41 200 BITGIBIEG	HODDO IN	TMG OF GERITA	_	TANDEMINE THE TOTAL	7. 7. 7. 7.				COCH DED		OCE DED

					1101		<b>-</b>
41,320 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,206	47,226 \$	301,682.04	\$ 6.39	1.143 \$	136.76	\$ 7.30
DURABLE MED. EQUIP.	79	210	16,443.00	78.30	.005	208.14	.40
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	18	23	7,492.47	325.76	.001	416.25	.18
MEDICAL TRANSPORTATION	200	2,447	48,758.81	19.93	.059	243.79	1.18
AMBULANCES/AIR TRANS	188	2,398	33,984.15	14.17	.058	180.77	.82
OTHER TRANS	5	54	226.31	4.19	.001	45.26	.01
OTHER SERVICES	15	5CR	14,548.35	2909.67CR	.000	969.89	.35
ACUPUNCTURE	3	3	70.28	23.43	.000	23.43	.00
ADULT DAY HEALTH CARE CTR	61	660	45,417.67	68.81	.016	744.55	1.10
GENETIC DISEASE TESTING	55	55	5,533.00	100.60	.001	100.60	.13
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	34	681	32,583.39	47.85	.016	958.34	.79
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	433	929	9,078.94	9.77	.022	20.97	.22
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	5	5	4.02	.80	.000	.80	.00
PROSTHETIST/ORTHOTISTS	78	173	19,198.97	110.98	.004	246.14	.46

PROSTHETICS	77	172	19,148.03	111.33	.004	248.68	.46
ORTHOTICS	1	1	50.94	50.94	.000	50.94	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	32	54	4,754.03	88.04	.001	148.56	.12
HOSPICE SERVICES	5	11	5,865.89	533.26	.000	1173.18	.14
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,041	24,010	82,512.31	3.44	.581	79.26	2.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	227	17,965	23,969.26	1.33	.435	105.59	.58
@CALIF. CHILDREN SERVICES*	142	5,360	\$ 563,379.08	\$ 105.11	.130	\$ 3967.46	\$ 13.63
@XOVER EXCLUDING STATE HOSP**	1,278	8,196	\$ 194,473.04	\$ 23.73	.198	\$ 152.17	\$ 4.71

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 9,073

01/29/04

NEVADA COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

NEVADA COUNTY	SUMMARY OF SER	VICES FOR MIN - SOC - AC	3ED	AID CODE I/			
					MON'		
103 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	150	2,337 \$	168,189.17	\$ 71.97	22.689 \$		\$ 1632.90
@PHYSICIANS SERVICES	22	216 \$	1,910.72	\$ 8.85	2.097 \$		\$ 18.55
OUTPATIENT VISITS	2	2	42.10	21.05	.019	21.05	.41
OFFICE VISITS	2	2	42.10	21.05	.019	21.05	.41
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	4	106.58	26.65	.039	53.29	1.03
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	19	210	1,762.04	8.39	2.039	92.74	17.11
@PHARMACY	68	614 \$	25,169.94	\$ 40.99	5.961 \$	370.15	\$ 244.37
PRESCRIPTION DRUGS	65	359	24,260.91	67.58	3.485	373.24	235.54
SNF/ICF	42	260	13,283.98	51.09	2.524	316.29	128.97
OUTPATIENTS	27	99	10,976.93	110.88	.961	406.55	106.57
MEDICAL SUPPLIES	9	255	909.03	3.56	2.476	101.00	8.83
@DENTIST	9	23 \$	1,435.00	\$ 62.39	.223 \$	159.44	\$ 13.93
VISITS - DIAGNOSTIC	7	13	85.00	6.54	.126	12.14	.83
ORAL SURGERY	1	1	.00	.00	.010	.00	.00

DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	1	5	.00	.00	.049	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	2	4	1,350.00	337.50	.039	675.00		13.11
SPACE MAINTAINERS	0	Ô	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	Ů.	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
		U ES AND EXPENDITURES M					ъ	AGE 9,074
#CALIF DEPT OF HEALTH SERV			ONIH-OF-PAYMENI RE	PORT FOR JAN 2	2003 THRU DE	C 2003	Р	•
MOP024	FEE-FOR-SERVICE		3 CED	3 TD CODE 17	1 77			01/29/04
NEVADA COUNTY	SUMMARY OF SERV.	ICES FOR MN - SOC -	AGED	AID CODE 17			aп	
102 FLIGIDLES	HGEDG	INITEG OF GERVICE	EXPENDIBLE	ATTERNACE COOR	MON'			
103 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER		COST PER
CODMOMENTA	1	OR DAYS OF CARE	F2 11	PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	1	3 \$	53.11	\$ 17.70	.029 \$	53.11	Ş	.52
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00		.00
EYE APPLIANCES	1	3	53.11	17.70	.029	53.11		.52
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	4.	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000 \$		Ş	.00
VISITS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	8	12 \$	138.52	\$ 11.54	.117 \$		\$	1.34
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	8	12	138.52	11.54	.117	17.32		1.34
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$		\$	.00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00		.00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER		0 \$	.00	\$ .00	.000 \$	.00		.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
@TOTAL HOSPITAL	35	195 \$	9,628.38	\$ 49.38	1.893 \$	275.10	\$	93.48
HOSP INPATIENT TOTAL	12	52	5,965.83	114.73	.505	497.15		57.92
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	12	52	5,965.83	114.73	.505	497.15		57.92
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	23	143	3,662.55	25.61	1.388	159.24		35.56
MEDICAL	3	7	473.39	67.63	.068	157.80		4.60
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	4	20	283.25	14.16	.194	70.81		2.75
PADIOLOGY	2	Z	263.25	72 20	040	120 62		2.75

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RADIOLOGY

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPTNT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

ROOM USE

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPOR	RT FOR JAN 2	1003 THRU DEC	C 2003	PAGE 9,075
MOP024	FEE-FOR-SERVICE/D	ENTAL					01/29/04
NEVADA COUNTY	SUMMARY OF SERVIC	ES FOR MN - SOC -	- AGED A	AID CODE 17	1Y		
					MON'	THLY AVERAG	E
103 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES AV	ERAGE COST	UNITS/DAYS	COST PER	COST PER

		OR DAYS OF CARE			חשם	י נואודיי / האע	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	35	195	Ġ	9,628.38	\$	49.38	1.893		275.10	\$	93.48
COMM HOSP INPATIENT TOTAL	12	52	٧	5,965.83	٧	114.73	.505	Y	497.15	٧	57.92
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0									
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	-	0		.00		.00	.000		.00		.00
ANCILLARIES	0	-		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	12	52		5,965.83		114.73	.505		497.15		57.92
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	23	143		3,662.55		25.61	1.388		159.24		35.56
MEDICAL	3	7		473.39		67.63	.068		157.80		4.60
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	20		283.25		14.16	.194		70.81		2.75
RADIOLOGY	3	5		361.90		72.38	.049		120.63		3.51
ROOM USE	3	4		107.81		26.95	.039		35.94		1.05
CROSSOVERS/ALL OTH OUTPTNT	18	107		2,436.20		22.77	1.039		135.34		23.65
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	42	1,225	\$	129,018.81	\$	105.32	11.893	\$	3071.88	\$	1252.61
LEV A-INTERMEDIATE	0	, 0	•	.00		.00	.000	•	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	42	1,225		129,018.81		105.32	11.893		3071.88		1252.61
@INTERMEDIATE CARE FACILDD	0	1,223	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
ICF DDH ICF DD	0	0		.00			.000		.00		.00
	0	•				.00					
ICF DDN/DDCN	0	0	4	.00	d	.00	.000	4	.00	4	.00
@HEMODIALYSIS TOTAL	0	-	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	Ü	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	4.	.00		.00	.000		.00	4.	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	5	\$	550.96	\$	110.19	.049	\$	275.48	\$	5.35
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2	5		550.96		110.19	.049		275.48		5.35
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES N	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	Ρ	AGE 9,076
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
NEVADA COUNTY		ICES FOR MN - SO	C -	AGED	AI	D CODE 17	1Y				
							M	ONT	HLY AVERA	GE	
103 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (	COST PER		COST PER
	0.0	OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	8		\$	283.73	\$	6.45	.427				2.75
DURABLE MED. EQUIP.	0	0	۲	.00	~	.00	.000	~	.00	~	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	3	31		105.70		3.41	.301		35.23		1.03
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
	3	31		105.70			.301		35.23		1.03
OTHER TRANS	3	31		105.70		3.41	.301		33.43		1.03

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	36.02	18.01	.019	36.02	.35
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.50	.50	.010	.50	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	10	141.51	14.15	.097	47.17	1.37
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	66	343	\$ 21,561.71	\$ 62.86	3.330	\$ 326.69	\$ 209.34

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OM!!!!!

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,077
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

----- MONTHLY AVERAGE -----01 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 7 \$ 56.90 199.16 \$ 398.31 398.31 7.000 \$ @PHYSICIANS SERVICES 0 .00 .00 .000 \$ .00 \$ 0 \$ .00 OUTPATIENT VISITS 0 .00 .00 .000 .00 .00 0 OFFICE VISITS .00 .00 .000 .00 .00 .00 .00 .00 HOME VISITS .000 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .00 OB VISITS/COMPRE PERI .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 INPATIENT VISITS .00 .000 .00 .00 .00 HOSPITAL VISITS .00 .000 .00 .00 .00 .00 .000 .00 CRITICAL CARE .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 .00 .00 .000 .00 EXAMINATIONS SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY .00 .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 ANESTHESIOLOGIST .000 .00 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 .00 .00 .000 RADIOLOGY 0 .00 .00 **PSYCHIATRY** .00 .00 .000 .00 .00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00		.00
@PHARMACY	1	6 \$	388.68	\$ 64.78	6.000 \$	388.68	\$	388.68
PRESCRIPTION DRUGS	1	6	388.68	64.78	6.000	388.68	•	388.68
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	1	6	388.68	64.78	6.000	388.68		388.68
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00		.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00		.00
ORAL SURGERY	0	0	.00	.00	.000	.00		.00
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DEC	2003	PAGI	. ,
MOP024	FEE-FOR-SERVICE/						(	01/29/04
NEVADA COUNTY	SUMMARY OF SERVI	CES FOR MN - SOC -	BLIND	AID CODE				
					_	THLY AVERA	_	
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER		ST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER		IGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000 \$		\$	.00
DIAGNOSTIC AND ANC. PROCED	U	U	.00	.00	.000	.00		.00

01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAY	S	COST PER	 COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	.00
EYE APPLIANCES	0	0	.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	0	0	.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
@TOTAL HOSPITAL	1	1	\$ 9.63	\$	9.63	1.000	\$	9.63	\$ 9.63
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00	.00
HSC HOSPITALS	0	0	.00		.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00	.00
ANCILLARIES	0	0	.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	1	1	9.63		9.63	1.000		9.63	9.63
MEDICAL	0	0	.00		.00	.000		.00	.00
SURGERY	0	0	.00		.00	.000		.00	.00
PATHOLOGY	0	0	.00		.00	.000		.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	9.63	9.63	1.000	9.63	9.63
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 9,079
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES	FOR MN - SOC -	BLIND	AID CODE	27		
					MON	ITHLY AVERA	GE
01 ELIGIBLES		TS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
OCOMMINITELY HOODIERS ECTAT	OR 1	DAYS OF CARE	0.63	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		1 \$	9.63	\$ 9.63	1.000 \$	9.63	\$ 9.63

01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
0.0000000000000000000000000000000000000	1	OR DAYS OF CARE	0.63	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1 \$	9.63	\$ 9.63	1.000 \$	9.63 \$	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1	9.63	9.63	1.000	9.63	9.63
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	9.63	9.63	1.000	9.63	9.63
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	Ó	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	Ó	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	Õ	0 \$	.00	\$ .00	.000 \$	.00 \$	
		- '					

HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$	}	.00	\$ .00	.000	\$ .00	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$		.00	\$ .00	.000	\$ .00	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	}	.00	\$ .00	.000	\$ .00	\$	.00
CLINIC	0	0		.00	.00	.000	.00		.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-	-PAYMENT REPO	ORT FOR JAN	2003 THRU	DEC 2003	PAGE	9,080
MOP024	FEE-FOR-SERVICE/DENTA	L						0	1/29/04
NEVADA COUNTY	SUMMARY OF SERVICES F	OR MN - SOC	- BLIND		AID CODE	27			

01 51 53 53				311ED36E 606E		COCH DED	
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	.00
@XOVER EXCLUDING STATE HOSP**	1	1 \$	9.63	\$ 9.63	1.000 \$	9.63	9.63
OF MOMATO THE MURCH TIMES AND CITE	NT NO N OFF	NAME TATEODAGAMETON THEN ON	T 37 .				

----- MONTHLY AVERAGE -----

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,081
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

112 111211 0001111	001111111111111111111111111111111111111	, - O - O - O - O - O - O - O - O - O -		 J.122	 222 00 07 011	V -			
						MO	NTHLY AVERA	AGE	
213 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CA	RE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	291	3,223	\$	334,271.43	\$ 103.71	15.131	\$ 1148.70	\$	1569.35
@PHYSICIANS SERVICES	96	376	\$	14,327.11	\$ 38.10	1.765	\$ 149.24	\$	67.26
OUTPATIENT VISITS	39	82		2,791.51	34.04	.385	71.58		13.11
OFFICE VISITS	30	69		1,809.83	26.23	.324	60.33		8.50
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	9	10		888.16	88.82	.047	98.68		4.17
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	2	3		93.52	31.17	.014	46.76		.44
INPATIENT VISITS	14	40		1,842.94	46.07	.188	131.64		8.65
HOSPITAL VISITS	14	39		1,721.34	44.14	.183	122.95		8.08
CRITICAL CARE	1	1		121.60	121.60	.005	121.60		.57
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		46.44	46.44	.005	46.44		.22
EXAMINATIONS	1	1		46.44	46.44	.005	46.44		.22
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	7	11		1,074.49	97.68	.052	153.50		5.04
PRINCIPAL SURGEON	6	7		955.12	136.45	.033	159.19		4.48

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

3 G G T G T 3 1 T G T G T G T G T G T G T G T G T G T									
ASSISTANT SURGEON	0	0	.00		.00	.000		.00	.00
ANESTHESIOLOGIST	1	4	119.37		29.84	.019		119.37	.56
OUTPATIENT SURGERY	11	15	2,265.79		151.05	.070		205.98	10.64
PRINCIPAL SURGEON	10	10	2,069.23		206.92	.047		206.92	9.71
ASSISTANT SURGEON	0	0	.00		.00	.000		.00	.00
	0								
ANESTHESIOLOGIST	2	5	196.56		39.31	.023		98.28	.92
DIALYSIS	0	0	.00		.00	.000		.00	.00
PATHOLOGY	12	43	384.40		8.94	.202		32.03	1.80
RADIOLOGY	29	61	2,709.27		44.41	.286		93.42	12.72
PSYCHIATRY	0	0	.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	6	13	81.63		6.28	.061		13.61	.38
OTHER SERVICES/ALL X-OVERS	45	110	3,130.64		28.46	.516		69.57	14.70
@PHARMACY	197		169,861.21			7.798	ċ.	862.24	
							Ą		
PRESCRIPTION DRUGS	194	985	168,580.53		171.15	4.624		868.97	791.46
SNF/ICF	8	60	5,056.27		84.27	.282		632.03	23.74
OUTPATIENTS	187	925	163,524.26		176.78	4.343		874.46	767.72
MEDICAL SUPPLIES	7	676	1,280.68		1.89	3.174		182.95	6.01
							_		
@DENTIST	30		9,846.24	\$	74.59	.620	Ş	328.21	
VISITS - DIAGNOSTIC	14	39	433.00		11.10	.183		30.93	2.03
ORAL SURGERY	6	44	2,598.00		59.05	.207		433.00	12.20
DRUGS	1	2	30.00		15.00	.009		30.00	.14
	1	2							
ANESTHESIA	1	1	100.00		100.00	.005		100.00	. 47
PERIODONTICS	0	0	.00		.00	.000		.00	.00
ENDODONTICS	4	5	887.00		177.40	.023		221.75	4.16
RESTORATIVE DENTISTRY	12	37	4,758.24		128.60	.174		396.52	22.34
			•						
PROSTHETICS	0	0	.00		.00	.000		.00	.00
DENTURES, STAYPLATES	2	4	1,040.00		260.00	.019		520.00	4.88
SPACE MAINTAINERS	0	0	.00		.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000		.00	.00
	0	0							
FRACTURES, DISLOCATIONS	Ü	0	.00		.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000		.00	.00
	•	•				.000			
ALL OTHER SERVICES	0	0	.00		.00	.000	DEC	.00	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVI	0 CES AND EXPENDITURE:	.00		.00	.000	DEC	.00	.00 PAGE 9,082
ALL OTHER SERVICES	0 MEDI-CAL SERVIC FEE-FOR-SERVIC	0 CES AND EXPENDITURE: E/DENTAL	.00 S MONTH-OF-PAYMENT	REPOR	.00 T FOR JAN	.000 2003 THRU	DEC	.00	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVIC FEE-FOR-SERVIC	0 CES AND EXPENDITURE:	.00 S MONTH-OF-PAYMENT	REPOR	.00 T FOR JAN	.000 2003 THRU	DEC	.00	.00 PAGE 9,082
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVIC FEE-FOR-SERVIC	0 CES AND EXPENDITURE: E/DENTAL	.00 S MONTH-OF-PAYMENT	REPOR	.00 T FOR JAN	.000 2003 THRU		.00	.00 PAGE 9,082 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE	0 CES AND EXPENDITURE: E/DENTAL /ICES FOR MN - SOC	.00 S MONTH-OF-PAYMENT - DISABLED AID	REPOR CODE	.00 T FOR JAN S 65 67 6W	.000 2003 THRU 6Y	MONTH	.00 2003 ILY AVERA	.00 PAGE 9,082 01/29/04 GE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVIC FEE-FOR-SERVIC	0 CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE	.00 S MONTH-OF-PAYMENT	REPOR CODE AV	.00 T FOR JAN S 65 67 6W ERAGE COST	.000 2003 THRU 6Y M	MONTH	.00 2003 ILY AVERA	.00 PAGE 9,082 01/29/04 GE COST PER
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	0 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERV	0 CES AND EXPENDITURE: E/DENTAL /ICES FOR MN - SOC	.00 S MONTH-OF-PAYMENT - DISABLED AID	REPOR CODE AV	.00 T FOR JAN S 65 67 6W	.000 2003 THRU 6Y N UNITS/DAY 7 PER ELIC	MONTH IS C	.00 2003 ILY AVERA OST PER USER	.00 PAGE 9,082 01/29/04 GE COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE	0 CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE	.00 S MONTH-OF-PAYMENT - DISABLED AID	REPOR CODE AV PE	.00 T FOR JAN S 65 67 6W ERAGE COST	.000 2003 THRU 6Y M	MONTH IS C	.00 2003 ILY AVERA	.00 PAGE 9,082 01/29/04 GE COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	0 CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 6	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES 95.96	REPOR CODE AV PE \$	.00 T FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 15.99	.000 2003 THRU 1 6Y N UNITS/DAY 7 PER ELIC .028	MONTH IS C	.00 2003 ILY AVERA COST PER USER 47.98	.00 PAGE 9,082 01/29/04 GE COST PER ELIGIBLE \$ .45
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	0 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERV	0 CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 6 0	.00 MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES 95.96 .00	REPOR CODE AV PE \$	.00 T FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 15.99 .00	.000 2003 THRU 7 6Y N 7 UNITS/DAY 7 PER ELIC .028 .000	MONTH IS C	.00 2003 LLY AVERA COST PER USER 47.98 .00	.00 PAGE 9,082 01/29/04 GE COST PER ELIGIBLE \$ .45 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	O CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 6 S 0 6	.00 MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES 95.96 .00 95.96	REPOR CODE AV PE \$	.00 T FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 15.99 .00 15.99	.000 2003 THRU 7 6Y N 7 UNITS/DAY 7 PER ELIC .028 .000 .028	MONTH IS C	.00 2003 LLY AVERA COST PER USER 47.98 .00 47.98	.00 PAGE 9,082 01/29/04 GE COST PER ELIGIBLE \$ .45 .00 .45
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	O CES AND EXPENDITURES E/DENTAL /ICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 6 SOCIATION 6 O	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES \$ 95.96 .00 95.96	REPOR CODE AV PE \$	.00 T FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 15.99 .00	.000 2003 THRU 7 6Y N 2 UNITS/DAY 5 PER ELIC .028 .000 .028	MONTH IS C \$ \$	.00 2003 LLY AVERA COST PER USER 47.98 .00	.00 PAGE 9,082 01/29/04 GE COST PER ELIGIBLE \$ .45 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	O CES AND EXPENDITURES E/DENTAL /ICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 6 SOCIATION 6 O	.00 MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES 95.96 .00 95.96	REPOR CODE AV PE \$	.00 T FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 15.99 .00 15.99	.000 2003 THRU 7 6Y N 7 UNITS/DAY 7 PER ELIC .028 .000 .028	MONTH IS C \$ \$	.00 2003 LLY AVERA COST PER USER 47.98 .00 47.98	.00 PAGE 9,082 01/29/04 GE COST PER ELIGIBLE \$ .45 .00 .45
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	O CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 6 0 6 0 6	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES 95.96 .00 95.96 .00	REPOR CODE AV PE \$	.00 T FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 15.99 .00 15.99 .00	.000 2003 THRU 7 6Y N 2 UNITS/DAY 5 PER ELIC .028 .000 .028 .000	MONTH IS C \$ \$	.00 2003 LLY AVERA COST PER USER 47.98 .00 47.98 .00	.00 PAGE 9,082 01/29/04  GE COST PER ELIGIBLE \$ .45 .00 .45 .00 \$ .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	OCES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 6 3 0 6 0 0	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES \$ 95.96 .00 95.96 .00 .00 .00	REPOR CODE AV PE \$	.00 T FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 15.99 .00 15.99 .00	.000 2003 THRU 7 6Y M 2 UNITS/DAY 7 PER ELIC .028 .000 .028 .000 .028 .000	MONTH IS C \$ \$	.00 2003 LLY AVERA COST PER USER 47.98 .00 47.98 .00 .00	.00 PAGE 9,082 01/29/04  GE COST PER ELIGIBLE \$ .45 .00 .45 .00 \$ .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	OCES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 6 0 6 0 0 0 0	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES 5 95.96 .00 95.96 .00 .00 .00 .00	REPOR CODE AV PE \$	.00 T FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 15.99 .00 15.99 .00 .00	.000 2003 THRU 7 6Y M UNITS/DAY 7 PER ELIC .028 .000 .028 .000 .028	MONTH YS C F \$ \$	.00 2003 LLY AVERA COST PER USER 47.98 .00 47.98 .00 .00	.00 PAGE 9,082 01/29/04  GE COST PER ELIGIBLE \$ .45 .00 .45 .00 \$ .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	OCES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 6 0 6 0 0 0 0 3	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES \$ 95.96 .00 95.96 .00 .00 .00	REPOR CODE AV PE \$	.00 T FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 15.99 .00 15.99 .00	.000 2003 THRU  7 6Y N 7 UNITS/DAY 7 PER ELIC .028 .000 .028 .000 .000 .000 .000	MONTH YS C F \$ \$	.00 2003 LLY AVERA COST PER USER 47.98 .00 47.98 .00 .00	.00 PAGE 9,082 01/29/04  GE COST PER ELIGIBLE \$ .45 .00 .45 .00 \$ .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	OCES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 6 0 6 0 0 0 0	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES 5 95.96 .00 95.96 .00 .00 .00 .00	REPOR CODE AV PE \$	.00 T FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 15.99 .00 15.99 .00 .00	.000 2003 THRU 7 6Y M UNITS/DAY 7 PER ELIC .028 .000 .028 .000 .028	MONTH YS C F \$ \$	.00 2003 LLY AVERA COST PER USER 47.98 .00 47.98 .00 .00	.00 PAGE 9,082 01/29/04  GE COST PER ELIGIBLE \$ .45 .00 .45 .00 \$ .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  2 0 2 0 0 0 0 0 2 0 0	OCES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 6 0 6 0 0 6 0 0 3 0	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES 5 95.96 .00 95.96 .00 .00 .00 .00 .00	REPOR CODE AV PE \$	.00 T FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 15.99 .00 15.99 .00 .00 .00 .00 .00 .00	.000 2003 THRU 7 6Y N 7 UNITS/DAY 7 PER ELIC .028 .000 .028 .000 .000 .000 .000	MONTH YS C F \$ \$	.00 2003 LLY AVERA COST PER USER 47.98 .00 47.98 .00 .00 .00	.00 PAGE 9,082 01/29/04  GE COST PER ELIGIBLE \$ .45 .00 .45 .00 \$ .00 \$ .00 .00 \$ .00 \$ .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 6 3 0 6 0 0 0 3	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES - 95.96 .00 95.96 .00 .00 .00 .00 .00 .00 .00 .00 .00	REPOR CODE AV PE \$	.00 T FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 15.99 .00 .00 .00 .00	.000 2003 THRU  7 6Y N 7 UNITS/DAY 7 PER ELIC .028 .000 .028 .000 .000 .000 .000 .000	MONTH YS C F \$ \$	.00 2003 ILY AVERA COST PER USER 47.98 .00 47.98 .00 .00 .00 .00	.00 PAGE 9,082 01/29/04  GE COST PER ELIGIBLE \$ .45 .00 .45 .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 .00 .00 .00
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ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER ### TOTAL HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  2 0 2 0 0 0 0 0 0 2 0 0 0 0 0 0 76	CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 6	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES - 00 95.96 .00 95.96 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	REPOR CODE AV PE \$ \$ \$ \$	.00 T FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 15.99 .00 15.99 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2003 THRU  7 6Y N 7 UNITS/DAY 7 PER ELIC .028 .000 .028 .000 .000 .000 .000 .014 .000 .000 .000	MONTH US C S S S S S S S S S S S S S S S S S S	.00 2003 ILY AVERA COST PER USER 47.98 .00 47.98 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 PAGE 9,082 01/29/04  GE COST PER ELIGIBLE \$ .45 .00 .45 .00 \$ .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
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ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER ### TOTAL HOSPITAL HOSP INPATIENT TOTAL	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  2 0 2 0 0 0 0 0 0 2 0 0 0 0 0 76 13	CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 6	.00 S MONTH-OF-PAYMENT - DISABLED AID EXPENDITURES 95.96 .00 95.96 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	CODE AV PE \$ \$ \$ \$	.00 T FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 15.99 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2003 THRU  7 6Y N 7 UNITS/DAY 7 PER ELIC .028 .000 .028 .000 .000 .000 .000 .014 .000 .000 .000	MONTH CS S S S S S S S S S S S S S S S S S S	.00 2003 ILY AVERA COST PER USER 47.98 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 PAGE 9,082 01/29/04  GE COST PER ELIGIBLE \$ .45 .00 .45 .00 \$ .00 .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
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ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	33	15,049.22	456.04	.155	1504.92	70.65
	10	0					
ANCILLARIES			61,404.35	.00	.000	6140.44	288.28
INPATIENT CROSSOVERS	3	20	2,436.00	121.80	.094	812.00	11.44
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	67	565	16,198.58	28.67	2.653	241.77	76.05
MEDICAL	15	21	1,285.89	61.23	.099	85.73	6.04
SURGERY	4	7	165.89	23.70	.033	41.47	.78
PATHOLOGY	26	97	1,291.42	13.31	.455	49.67	6.06
RADIOLOGY	26	89	6,532.69	73.40	.418	251.26	30.67
ROOM USE	22	34	1,615.17	47.51	.160	73.42	7.58
CROSSOVERS/ALL OTH OUTPTNT	38	317	5,307.52	16.74	1.488	139.67	24.92
			The state of the s				
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000		\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0 0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	Ü	0 0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
	0	0					.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
ROOM USE	U	U	.00	.00	.000	.00	.00
		_					
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	-	0 ES AND EXPENDITURES					.00 PAGE 9,083
	-	ES AND EXPENDITURES					
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU D		PAGE 9,083
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU D	EC 2003	PAGE 9,083 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES   	MONTH-OF-PAYMENT R	EPORT FOR JAN CODES 65 67 6W	2003 THRU D 6Y MO	EC 2003 NTHLY AVERA	PAGE 9,083 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES OF SERVICE	MONTH-OF-PAYMENT R	EPORT FOR JAN CODES 65 67 6W AVERAGE COST	2003 THRU D 6Y MOI UNITS/DAYS	EC 2003 NTHLY AVERA COST PER	PAGE 9,083 01/29/04 GE COST PER
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 213 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES OF SERVICE OR DAYS OF CARE	MONTH-OF-PAYMENT REDISABLED AID GEXPENDITURES	EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY	6Y MOI UNITS/DAYS PER ELIG	EC 2003 NTHLY AVERA COST PER USER	PAGE 9,083 01/29/04 GE COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES OF SERVICE	MONTH-OF-PAYMENT R	EPORT FOR JAN  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 159.33	6Y MOI UNITS/DAYS PER ELIG	EC 2003 NTHLY AVERA COST PER	PAGE 9,083 01/29/04 GE COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES IN A COLOR OF SERVICE OR DAYS OF CARE 623 \$	MONTH-OF-PAYMENT REDISABLED AID CONTROL EXPENDITURES  99,265.15	EPORT FOR JAN  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 159.33	6Y MOI UNITS/DAYS PER ELIG	EC 2003  NTHLY AVERA  COST PER  USER  \$ 1306.12	PAGE 9,083 01/29/04 GE COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 76 13	ES AND EXPENDITURES 1 I/DENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 623 \$ 58	MONTH-OF-PAYMENT REDISABLED AID CEXPENDITURES  99,265.15 83,066.57	EPORT FOR JAN CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 159.33 1432.18	6Y MO UNITS/DAYS PER ELIG 2.925 .272	EC 2003  NTHLY AVERA  COST PER  USER  \$ 1306.12 6389.74	PAGE 9,083 01/29/04 GE COST PER ELIGIBLE \$ 466.03 389.98
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 76 13 1	ES AND EXPENDITURES OF THE PROPERTY OF SERVICE OR DAYS OF CARE 623 \$ 58 5	MONTH-OF-PAYMENT R: DISABLED AID ( EXPENDITURES  99,265.15 83,066.57 4,177.00	EPORT FOR JAN CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 159.33 1432.18 835.40	6Y MO: UNITS/DAYS PER ELIG 2.925 .272 .023	EC 2003 NTHLY AVERA COST PER USER \$ 1306.12 6389.74 4177.00	PAGE 9,083 01/29/04 GE COST PER ELIGIBLE \$ 466.03 389.98 19.61
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 76 13 1	ES AND EXPENDITURES OF THE PROPERTY OF SERVICE OR DAYS OF CARE 623 \$ 58 5 33	MONTH-OF-PAYMENT R: DISABLED AID (  EXPENDITURES  99,265.15 83,066.57 4,177.00 76,453.57	EPORT FOR JAN  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 159.33 1432.18 835.40 2316.77	6Y MO: UNITS/DAYS PER ELIG 2.925 .272 .023 .155	NTHLY AVERA COST PER USER \$ 1306.12 6389.74 4177.00 7645.36	PAGE 9,083 01/29/04 GE COST PER ELIGIBLE \$ 466.03 389.98 19.61 358.94
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 76 13 1 10 10	ES AND EXPENDITURES OF COMMENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 623 \$ 58 58 5 33 33 33	MONTH-OF-PAYMENT REDISABLED AID (  EXPENDITURES  99,265.15 83,066.57 4,177.00 76,453.57 15,049.22	EPORT FOR JAN  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 159.33 1432.18 835.40 2316.77 456.04	6Y MO: UNITS/DAYS PER ELIG 2.925 .272 .023 .155 .155	NTHLY AVERA COST PER USER \$ 1306.12 6389.74 4177.00 7645.36 1504.92	PAGE 9,083 01/29/04 GE COST PER ELIGIBLE \$ 466.03 389.98 19.61 358.94 70.65
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 76 13 1 10 10	ES AND EXPENDITURES OF COMMENTAL STORY OF SERVICE OR DAYS OF CARE 623 \$ 58 5 5 33 33 33 0	MONTH-OF-PAYMENT REDISABLED AID (  EXPENDITURES  99,265.15 83,066.57 4,177.00 76,453.57 15,049.22 .00	EPORT FOR JAN  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 159.33 1432.18 835.40 2316.77 456.04 .00	6Y MO: UNITS/DAYS PER ELIG 2.925 .272 .023 .155 .155	NTHLY AVERA COST PER USER \$ 1306.12 6389.74 4177.00 7645.36 1504.92	PAGE 9,083 01/29/04 GE COST PER ELIGIBLE \$ 466.03 389.98 19.61 358.94 70.65 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 76 13 1 10 10	ES AND EXPENDITURES OF CONTROL OF SERVICE OR DAYS OF CARE 623 \$ 58 5 33 33 0 0 0	MONTH-OF-PAYMENT REDISABLED AID (  EXPENDITURES  99,265.15 83,066.57 4,177.00 76,453.57 15,049.22	EPORT FOR JAN  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 159.33 1432.18 835.40 2316.77 456.04	6Y MO: UNITS/DAYS PER ELIG 2.925 .272 .023 .155 .155	NTHLY AVERA COST PER USER \$ 1306.12 6389.74 4177.00 7645.36 1504.92	PAGE 9,083 01/29/04 GE COST PER ELIGIBLE \$ 466.03 389.98 19.61 358.94 70.65
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 76 13 1 10 10	ES AND EXPENDITURES OF COMMENTAL STORY OF SERVICE OR DAYS OF CARE 623 \$ 58 5 5 33 33 33 0	MONTH-OF-PAYMENT REDISABLED AID (  EXPENDITURES  99,265.15 83,066.57 4,177.00 76,453.57 15,049.22 .00	EPORT FOR JAN  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 159.33 1432.18 835.40 2316.77 456.04 .00	6Y MO: UNITS/DAYS PER ELIG 2.925 .272 .023 .155 .155	NTHLY AVERA COST PER USER \$ 1306.12 6389.74 4177.00 7645.36 1504.92	PAGE 9,083 01/29/04 GE COST PER ELIGIBLE \$ 466.03 389.98 19.61 358.94 70.65 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  76 13 1 10 0 0 10	ES AND EXPENDITURES OF CONTROL OF SERVICE OR DAYS OF CARE 623 \$ 58 5 33 33 0 0 0 33	MONTH-OF-PAYMENT REDISABLED AID (  EXPENDITURES  99,265.15 83,066.57 4,177.00 76,453.57 15,049.22 .00 .00 15,049.22	EPORT FOR JAN  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 159.33 1432.18 835.40 2316.77 456.04 .00 .00 456.04	6Y MO UNITS/DAYS PER ELIG 2.925 .272 .023 .155 .155 .000 .000 .155	NTHLY AVERA COST PER USER \$ 1306.12 6389.74 4177.00 7645.36 1504.92 .00 .00 1504.92	PAGE 9,083 01/29/04 GE COST PER ELIGIBLE \$ 466.03 389.98 19.61 358.94 70.65 .00 .00 70.65
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  76 13 1 10 0 0 10 10 10	ES AND EXPENDITURES OF CONTROL OF SERVICE OR DAYS OF CARE 623 \$ 58 5 33 33 33 0 0 0 333 0	MONTH-OF-PAYMENT REDISABLED AID (  EXPENDITURES  99,265.15 83,066.57 4,177.00 76,453.57 15,049.22 .00 .00 15,049.22 61,404.35	EPORT FOR JAN  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 159.33 1432.18 835.40 2316.77 456.04 .00 .00 456.04	6Y MO UNITS/DAYS PER ELIG 2.925 .272 .023 .155 .155 .000 .000 .155	NTHLY AVERA COST PER USER \$ 1306.12 6389.74 4177.00 7645.36 1504.92 .00 .00 1504.92 6140.44	PAGE 9,083 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  76 13 1 10 10 0 10 10 3	ES AND EXPENDITURES OF CONTROL OF SERVICE OR DAYS OF CARE  623 \$ 58 58 5 33 33 0 0 20	MONTH-OF-PAYMENT REDISABLED AID (  EXPENDITURES  99,265.15 83,066.57 4,177.00 76,453.57 15,049.22 00 15,049.22 61,404.35 2,436.00	EPORT FOR JAN  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 159.33 1432.18 835.40 2316.77 456.04 .00 .00 456.04 .00 121.80	6Y MOI UNITS/DAYS PER ELIG 2.925 .272 .023 .155 .155 .000 .000 .155 .000	NTHLY AVERA COST PER USER \$ 1306.12 6389.74 4177.00 7645.36 1504.92 .00 .00 .00 1504.92 6140.44 812.00	PAGE 9,083 01/29/04 GE COST PER ELIGIBLE \$ 466.03 389.98 19.61 358.94 70.65 .00 .00 70.65 288.28 11.44
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  76 13 1 10 10 0 10 10 10 10 10	ES AND EXPENDITURES OF COMMENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 623 \$ 58 5 33 33 0 0 0 0 0 333 0 0 0 0 0 0 0 0 0	MONTH-OF-PAYMENT REDISABLED AID (Control of the control of the con	EPORT FOR JAN  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 159.33 1432.18 835.40 2316.77 456.04 .00 .00 456.04 .00 121.80 .00	6Y MO UNITS/DAYS PER ELIG 2.925 .272 .023 .155 .155 .000 .000 .155 .000 .094 .000	NTHLY AVERA COST PER USER \$ 1306.12 6389.74 4177.00 7645.36 1504.92 .00 .00 1504.92 6140.44 812.00 .00	PAGE 9,083 01/29/04 GE COST PER ELIGIBLE \$ 466.03 389.98 19.61 358.94 70.65 .00 .00 70.65 288.28 11.44 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  76 13 1 10 10 0 0 10 10 10 10 10 67	ES AND EXPENDITURES OF CHEST AND EXPENDITURES OF CHEST AND SERVICE OR DAYS OF CARE  623 \$ 58 533 33 0 0 20 0 565	MONTH-OF-PAYMENT REDISABLED AID (  EXPENDITURES  99,265.15 83,066.57 4,177.00 76,453.57 15,049.22 .00 .00 15,049.22 61,404.35 2,436.00 .00 16,198.58	EPORT FOR JAN  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 159.33 1432.18 835.40 2316.77 456.04 .00 .00 456.04 .00 121.80 .00 28.67	6Y MO: UNITS/DAYS PER ELIG 2.925 .272 .023 .155 .155 .000 .000 .155 .000 .000 .155	NTHLY AVERA COST PER USER \$ 1306.12 6389.74 4177.00 7645.36 1504.92 .00 .00 1504.92 6140.44 812.00 .00 241.77	PAGE 9,083 01/29/04 GE COST PER ELIGIBLE \$ 466.03 389.98 19.61 358.94 70.65 .00 .00 70.65 288.28 11.44 .00 76.05
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  76 13 1 10 10 0 10 10 10 10 10	ES AND EXPENDITURES OF COMMENTAL VICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 623 \$ 58 5 33 33 0 0 0 0 0 333 0 0 0 0 0 0 0 0 0	MONTH-OF-PAYMENT REDISABLED AID (Control of the control of the con	EPORT FOR JAN  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 159.33 1432.18 835.40 2316.77 456.04 .00 .00 456.04 .00 121.80 .00	6Y MO UNITS/DAYS PER ELIG 2.925 .272 .023 .155 .155 .000 .000 .155 .000 .094 .000	NTHLY AVERA COST PER USER \$ 1306.12 6389.74 4177.00 7645.36 1504.92 .00 .00 1504.92 6140.44 812.00 .00	PAGE 9,083 01/29/04 GE COST PER ELIGIBLE \$ 466.03 389.98 19.61 358.94 70.65 .00 .00 70.65 288.28 11.44 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  76 13 1 10 10 0 0 10 10 10 10 10 67	ES AND EXPENDITURES OF CHEST AND EXPENDITURES OF CHEST AND SERVICE OR DAYS OF CARE  623 \$ 58 533 33 0 0 20 0 565	MONTH-OF-PAYMENT REDISABLED AID (  EXPENDITURES  99,265.15 83,066.57 4,177.00 76,453.57 15,049.22 .00 .00 15,049.22 61,404.35 2,436.00 .00 16,198.58	EPORT FOR JAN  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 159.33 1432.18 835.40 2316.77 456.04 .00 .00 456.04 .00 121.80 .00 28.67	6Y MO: UNITS/DAYS PER ELIG 2.925 .272 .023 .155 .155 .000 .000 .155 .000 .000 .155	NTHLY AVERA COST PER USER \$ 1306.12 6389.74 4177.00 7645.36 1504.92 .00 .00 1504.92 6140.44 812.00 .00 241.77	PAGE 9,083 01/29/04 GE COST PER ELIGIBLE \$ 466.03 389.98 19.61 358.94 70.65 .00 .00 70.65 288.28 11.44 .00 76.05
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  76 13 1 10 10 0 0 10 10 10 10 10 10 10 4	ES AND EXPENDITURES OF CHARLES FOR MN - SOC -  UNITS OF SERVICE OR DAYS OF CARE 623 \$ 58 53 33 0 0 0 33 0 20 0 565 21 7	MONTH-OF-PAYMENT REDISABLED AID (  EXPENDITURES  99,265.15 83,066.57 4,177.00 76,453.57 15,049.22 00 00 15,049.22 61,404.35 2,436.00 00 16,198.58 1,285.89 165.89	EPORT FOR JAN  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 159.33 1432.18 835.40 2316.77 456.04 .00 .00 456.04 .00 121.80 .00 28.67 61.23 23.70	6Y MO UNITS/DAYS PER ELIG 2.925 .272 .023 .155 .155 .000 .000 .155 .000 .000 .2.653 .099 .033	NTHLY AVERA COST PER USER \$ 1306.12 6389.74 4177.00 7645.36 1504.92 .00 .00 1504.92 6140.44 812.00 241.77 85.73 41.47	PAGE 9,083 01/29/04 GE COST PER ELIGIBLE \$ 466.03 389.98 19.61 358.94 70.65 .00 .00 70.65 288.28 11.44 .00 76.05 6.04 .78
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  76 13 1 10 10 0 0 10 10 10 10 10 10 10 10 26 67 15 4 26	ES AND EXPENDITURES OF CHEST AND EXPENDITURES OF CHEST AND SERVICE OR DAYS OF CARE  623 \$ 58 53 33 33 0 0 20 0 565 21 7 97	MONTH-OF-PAYMENT REDISABLED AID (Control of the control of the con	EPORT FOR JAN  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 159.33 1432.18 835.40 2316.77 456.04 .00 .00 456.04 .00 121.80 .00 28.67 61.23 23.70 13.31	6Y MO: UNITS/DAYS PER ELIG 2.925 .272 .023 .155 .155 .000 .000 .155 .000 .094 .000 2.653 .099 .033 .455	NTHLY AVERA COST PER USER \$ 1306.12 6389.74 4177.00 7645.36 1504.92 .00 .00 1504.92 6140.44 812.00 .00 241.77 85.73 41.47 49.67	PAGE 9,083 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  76 13 1 10 0 0 0 10 10 10 10 15 4 26 26	ES AND EXPENDITURES OF CHEST AND EXPENDITURES OF CHEST AND SERVICE OR DAYS OF CARE  623 \$ 58 58 5 33 33 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	MONTH-OF-PAYMENT REDISABLED AID (  EXPENDITURES  99,265.15 83,066.57 4,177.00 76,453.57 15,049.22 .00 .00 15,049.22 61,404.35 2,436.00 .00 16,198.58 1,285.89 1,285.89 1,65.89 1,291.42 6,532.69	EPORT FOR JAN  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 159.33 1432.18 835.40 2316.77 456.04 .00 .00 456.04 .00 121.80 .00 28.67 61.23 23.70 13.31 73.40	6Y MO UNITS/DAYS PER ELIG 2.925 .272 .023 .155 .155 .000 .000 .155 .000 .094 .000 2.653 .099 .033 .455 .418	NTHLY AVERA COST PER USER \$ 1306.12 6389.74 4177.00 7645.36 1504.92 .00 .00 1504.92 6140.44 812.00 .00 241.77 85.73 41.47 49.67 251.26	PAGE 9,083 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  76 13 1 10 0 0 0 10 10 10 10 15 4 26 26 22	ES AND EXPENDITURES OF CHERN AND EXPENDITURES OF CHERN AND A SOC -  UNITS OF SERVICE OR DAYS OF CARE 623 \$ 58 5 33 33 0 0 0 0 0 333 0 0 0 0 0 0 0 0 0 0	MONTH-OF-PAYMENT REDISABLED AID OF STATE AID	EPORT FOR JAN  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 159.33 1432.18 835.40 2316.77 456.04 .00 .00 456.04 .00 121.80 .00 28.67 61.23 23.70 13.31 73.40 47.51	6Y MO UNITS/DAYS PER ELIG 2.925 .272 .023 .155 .155 .000 .000 .155 .000 .094 .000 .2.653 .099 .033 .455 .418 .160	NTHLY AVERA COST PER USER \$ 1306.12 6389.74 4177.00 7645.36 1504.92 .00 .00 1504.92 6140.44 812.00 .00 241.77 85.73 41.47 49.67 251.26 73.42	PAGE 9,083 01/29/04 GE COST PER ELIGIBLE \$ 466.03 389.98 19.61 358.94 70.65 .00 .00 70.65 288.28 11.44 .00 76.05 6.04 .78 6.06 30.67 7.58
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  76 13 1 10 10 0 0 0 67 15 4 26 26 22 38	TES AND EXPENDITURES OF CHENTAL TICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 623 \$ 58 58 5 33 33 0 0 20 0 565 21 7 97 89 34 317	MONTH-OF-PAYMENT REDISABLED AID OF STATE AID	EPORT FOR JAN  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 159.33 1432.18 835.40 2316.77 456.04 .00 .00 456.04 .00 121.80 .00 28.67 61.23 23.70 13.31 73.40 47.51 16.74	6Y MOI UNITS/DAYS PER ELIG 2.925 .272 .023 .155 .155 .000 .000 .155 .000 .094 .000 2.653 .099 .033 .455 .418 .160 1.488	NTHLY AVERA COST PER USER \$ 1306.12 6389.74 4177.00 7645.36 1504.92 .00 .00 1504.92 6140.44 812.00 .00 241.77 85.73 41.47 49.67 251.26 73.42 139.67	PAGE 9,083 01/29/04 GE COST PER ELIGIBLE \$ 466.03 389.98 19.61 358.94 70.65 .00 .00 70.65 288.28 11.44 .00 76.05 6.04 .78 6.06 30.67 7.58 24.92
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  76 13 1 10 0 0 0 10 10 10 10 15 4 26 26 22	ES AND EXPENDITURES OF CHERN AND EXPENDITURES OF CHERN AND A SOC -  UNITS OF SERVICE OR DAYS OF CARE 623 \$ 58 5 33 33 0 0 0 0 0 333 0 0 0 0 0 0 0 0 0 0	MONTH-OF-PAYMENT REDISABLED AID (Control of the control of the con	EPORT FOR JAN  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 159.33 1432.18 835.40 2316.77 456.04 .00 .00 456.04 .00 121.80 .00 28.67 61.23 23.70 13.31 73.40 47.51 16.74 \$ .00	6Y MO UNITS/DAYS PER ELIG 2.925 .272 .023 .155 .155 .000 .000 .155 .000 .094 .000 2.653 .099 .033 .455 .418 .160 1.488 .000	NTHLY AVERA COST PER USER \$ 1306.12 6389.74 4177.00 7645.36 1504.92 .00 .00 1504.92 6140.44 812.00 .00 241.77 85.73 41.47 49.67 251.26 73.42 139.67 \$	PAGE 9,083 01/29/04 GE COST PER ELIGIBLE \$ 466.03 389.98 19.61 358.94 70.65 .00 .00 70.65 288.28 11.44 .00 76.05 6.04 .78 6.06 30.67 7.58
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  76 13 1 10 10 0 0 0 67 15 4 26 26 22 38	TES AND EXPENDITURES OF CHENTAL TICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 623 \$ 58 58 5 33 33 0 0 20 0 565 21 7 97 89 34 317	MONTH-OF-PAYMENT REDISABLED AID OF STATE AID	EPORT FOR JAN  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 159.33 1432.18 835.40 2316.77 456.04 .00 .00 456.04 .00 121.80 .00 28.67 61.23 23.70 13.31 73.40 47.51 16.74	6Y MO UNITS/DAYS PER ELIG 2.925 .272 .023 .155 .155 .000 .000 .155 .000 .094 .000 2.653 .099 .033 .455 .418 .160 1.488 .000	NTHLY AVERA COST PER USER \$ 1306.12 6389.74 4177.00 7645.36 1504.92 .00 .00 1504.92 6140.44 812.00 .00 241.77 85.73 41.47 49.67 251.26 73.42 139.67	PAGE 9,083 01/29/04 GE COST PER ELIGIBLE \$ 466.03 389.98 19.61 358.94 70.65 .00 .00 70.65 288.28 11.44 .00 76.05 6.04 .78 6.06 30.67 7.58 24.92
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  76 13 1 10 10 0 0 0 10 10 10 26 67 15 4 26 26 26 22 38 0	ES AND EXPENDITURES OF CHESTAL FICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 623 \$ 58 533 33 0 0 0 20 0 565 21 7 97 89 34 317 0 \$ 0	MONTH-OF-PAYMENT REDISABLED AID ( EXPENDITURES  99,265.15 83,066.57 4,177.00 76,453.57 15,049.22 .00 .00 15,049.22 61,404.35 2,436.00 .00 16,198.58 1,285.89 1,615.87 1,291.42 6,532.69 1,615.17 5,307.52 .00 .00	EPORT FOR JAN  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 159.33 1432.18 835.40 2316.77 456.04 .00 .00 456.04 .00 121.80 .00 28.67 61.23 23.70 13.31 73.40 47.51 16.74 \$ .00 .00	6Y MO UNITS/DAYS PER ELIG 2.925 .272 .023 .155 .155 .000 .000 .1555 .000 .000 .2.653 .099 .033 .455 .418 .160 1.488 .000 .000	NTHLY AVERA COST PER USER \$ 1306.12 6389.74 4177.00 7645.36 1504.92 .00 .00 1504.92 6140.44 812.00 .00 241.77 85.73 41.47 49.67 251.26 73.42 139.67 \$ .00 .00	PAGE 9,083 01/29/04 GE COST PER ELIGIBLE \$ 466.03 389.98 19.61 358.94 70.65 .00 .00 70.65 288.28 11.44 .00 76.05 6.04 .78 6.06 30.67 7.58 24.92 \$ .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  76 13 1 10 10 0 0 10 10 10 10 26 67 15 4 26 26 22 38 0 0 0 0	ES AND EXPENDITURES OF CDENTAL FICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 623 \$ 58 53 33 0 0 0 20 0 565 21 7 97 89 34 317 0 \$ 0 0	MONTH-OF-PAYMENT REDISABLED AID (  EXPENDITURES  99,265.15 83,066.57 4,177.00 76,453.57 15,049.22 .00 .00 15,049.22 61,404.35 2,436.00 .00 16,198.58 1,285.89 1,291.42 6,532.69 1,615.17 5,307.52 .00 .00 .00 .00	EPORT FOR JAN  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 159.33 1432.18 835.40 2316.77 456.04 .00 .00 456.04 .00 28.67 61.23 23.70 13.31 73.40 47.51 16.74 \$ .00 .00 .00	6Y MO UNITS/DAYS PER ELIG 2.925 .272 .023 .155 .155 .000 .000 .155 .000 .000 .2.653 .099 .033 .455 .418 .160 1.488 .000 .000 .000	NTHLY AVERA COST PER USER \$ 1306.12 6389.74 4177.00 7645.36 1504.92 .00 .00 1504.92 6140.44 812.00 .00 241.77 85.73 41.47 49.67 251.26 73.42 139.67 \$ .00 .00	PAGE 9,083 01/29/04 GE COST PER ELIGIBLE \$ 466.03 389.98 19.61 358.94 70.65 .00 .00 70.65 288.28 11.44 .00 76.05 6.04 .78 6.06 30.67 7.58 24.92 \$ .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 13 1 10 10 0 0 10 10 10 10 10 10 10 10 10	ES AND EXPENDITURES OF CDENTAL FICES FOR MN - SOC -  UNITS OF SERVICE OR DAYS OF CARE 623 \$ 58 53 33 0 0 0 20 0 565 21 7 97 89 34 317 0 \$ 0 205 \$	MONTH-OF-PAYMENT RIDISABLED AID (  EXPENDITURES  99,265.15 83,066.57 4,177.00 76,453.57 15,049.22 .00 .00 15,049.22 61,404.35 2,436.00 .00 16,198.58 1,285.89 165.89 1,291.42 6,532.69 1,615.17 5,307.52 .00 .00 23,201.76	EPORT FOR JAN  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 159.33 1432.18 835.40 2316.77 456.04 .00 .00 456.04 .00 28.67 61.23 23.70 13.31 73.40 47.51 16.74 \$ .00 .00 \$ 113.18	6Y MO UNITS/DAYS PER ELIG 2.925 .272 .023 .155 .155 .000 .000 .155 .000 .094 .000 2.653 .099 .033 .455 .418 .160 1.488 .000 .000 .000 .000 .000 .000 .000	NTHLY AVERA COST PER USER \$ 1306.12 6389.74 4177.00 7645.36 1504.92 .00 .00 1504.92 6140.44 812.00 241.77 85.73 41.47 49.67 251.26 73.42 139.67 \$ .00 .00 \$ .00 .00 .00 .00 .00 .00 .00 .00	PAGE 9,083 01/29/04 GE COST PER ELIGIBLE \$ 466.03 389.98 19.61 358.94 70.65 .00 .00 70.65 288.28 11.44 .00 76.05 6.04 .78 6.06 30.67 7.58 24.92 \$ .00 .00 \$ .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  213 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  76 13 1 10 10 0 0 10 10 10 10 26 67 15 4 26 26 22 38 0 0 0 0	ES AND EXPENDITURES OF CDENTAL FICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 623 \$ 58 53 33 0 0 0 20 0 565 21 7 97 89 34 317 0 \$ 0 0	MONTH-OF-PAYMENT REDISABLED AID (  EXPENDITURES  99,265.15 83,066.57 4,177.00 76,453.57 15,049.22 .00 .00 15,049.22 61,404.35 2,436.00 .00 16,198.58 1,285.89 1,291.42 6,532.69 1,615.17 5,307.52 .00 .00 .00 .00	EPORT FOR JAN  CODES 65 67 6W  AVERAGE COST PER UNIT/DAY \$ 159.33 1432.18 835.40 2316.77 456.04 .00 .00 456.04 .00 28.67 61.23 23.70 13.31 73.40 47.51 16.74 \$ .00 .00 .00	6Y MO UNITS/DAYS PER ELIG 2.925 .272 .023 .155 .155 .000 .000 .155 .000 .000 .2.653 .099 .033 .455 .418 .160 1.488 .000 .000 .000	NTHLY AVERA COST PER USER \$ 1306.12 6389.74 4177.00 7645.36 1504.92 .00 .00 1504.92 6140.44 812.00 .00 241.77 85.73 41.47 49.67 251.26 73.42 139.67 \$ .00 .00	PAGE 9,083 01/29/04 GE COST PER ELIGIBLE \$ 466.03 389.98 19.61 358.94 70.65 .00 .00 70.65 288.28 11.44 .00 76.05 6.04 .78 6.06 30.67 7.58 24.92 \$ .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
	0	Õ							.00		
LEV B-TRANSITIONAL IP CARE	Ü			.00		.00	.000				.00
LEV B-REGULAR	./	205		23,201.76		113.18	.962		3314.54		108.93
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000	•	.00	•	.00
	0	0									
ICF DD	Ü			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00	·	.00	.000	•	.00	•	.00
	0	-									
HEMODIALYSIS CENTER	Ü	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
	0		4					4		4	
@LABORATORY FACILITY	6	11	\$	225.04		20.46		\$	37.51	Ş	1.06
PATHOLOGY	6	11		225.04		20.46	.052		37.51		1.06
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	22	46	\$	4,007.64			.216	ė.	182.17	بغ	18.82
	22		Ą					Ą		Ą	
CLINIC	3	3		77.98		25.99	.014		25.99		.37
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
	10	_									
RURAL HEALTH CLINIC	19	43		3,929.66		91.39	.202		206.82		18.45
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDIT	URES	MONTH-OF-PAYMENT I	REPO	RT FOR JAN	2003 THRU	DEC	2003	P.	AGE 9,084
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/29/04
NEVADA COUNTY		JICES FOR MN -	SUC -	עבע מבומע אדט	COD	ES 65 67 6W	6V				,,
NEVADA COUNTI	SUMMAKI OF SEK	VICES FOR MIN -	50C -	DISABLED ALD	COD	MO 10 CO CH				~=	
							M				
213 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	A	VERAGE COST	UNITS/DAY	ZS (	COST PER		COST PER
		OR DAYS OF CA	ARE		P	ER UNIT/DAY	PER ELIC	1	USER		ELIGIBLE
@ALL OTHER PROVIDERS	32	160	\$	13,435.57			.751			\$	63.08
			Y					Y		Y	
DURABLE MED. EQUIP.	4	8		1,014.58		126.82	.038		253.65		4.76
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	11	90		5,850.02		65.00	.423		531.82		27.46
AMBULANCES/AIR TRANS	11	88		2,250.02		25.57	.413		204.55		10.56
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	2	2		3,600.00		1800.00	.009		1800.00		16.90
ACUPUNCTURE	0	0		•		.00	.000		.00		.00
	U			.00							
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	12	47		6,023.40		128.16	.221		501.95		28.28
OCCUPATIONAL THERAPIST	0	0		•		.00	.000		.00		.00
	0	0		.00							
OPTICIAN	3	6		55.20		9.20	.028		18.40		.26
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
	1	4		427.45		106.86	.019		427.45		2.01
PROSTHETIST/ORTHOTISTS	1	4									
PROSTHETICS	1	4		427.45		106.86	.019		427.45		2.01
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
	0	~									
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
	Õ	0		.00					.00		
LOCAL EDUCATION AGENCIES	Ü	Ü				.00	.000				.00
EPSDT SUPPLEMENTAL SERVICE	U	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	Ω	0		.00		.00	.000		.00		.00
	0	5		64.92							
ALL OTHER PROVIDERS	2	-				12.98	.023	٠.	32.46	j.	.30
@CALIF. CHILDREN SERVICES*	0	0	\$	.00		.00	.000		.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	54	486	\$	12,074.60	\$	24.84	2.282	\$	223.60	\$	56.69
@* TOTALS IN THESE LINES ARE			•					•			
C TOTITED TIL TITLED DITION WILL	C-, LI, 110 11 DUENI	OIGHIIION		. 0.11							

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,085 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

NEVADA COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

						MOI	NTHLY AVERA	.GE
132 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	228	1,868	\$	204,052.77	\$ 109.24	14.152	\$ 894.97	\$ 1545.85
@PHYSICIANS SERVICES	132	522	\$	21,380.72	\$ 40.96	3.955	\$ 161.98	\$ 161.98
OUTPATIENT VISITS	60	83		3,622.94	43.65	.629	60.38	27.45
OFFICE VISITS	27	37		1,230.44	33.26	.280	45.57	9.32
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	33	44		2,307.38	52.44	.333	69.92	17.48
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

		•	05.10	40 56	015	40 56	<i>-</i> <b>. .</b>
OTHER OUTPATIENT	2	2	85.12	42.56	.015	42.56	.64
INPATIENT VISITS	13	50	2,618.64	52.37	.379	201.43	19.84
HOSPITAL VISITS	13	44	2,202.54	50.06	.333	169.43	16.69
CRITICAL CARE	1	6	416.10	69.35	.045	416.10	3.15
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0 0	.00	.00	.000	.00	.00
EXAMINATIONS	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	19	136	5,376.66	39.53	1.030	282.98	40.73
PRINCIPAL SURGEON	9	10	2,215.21	221.52	.076	246.13	16.78
ASSISTANT SURGEON	2	2	536.67	268.34	.015	268.34	4.07
ANESTHESIOLOGIST	11	124	2,624.78	21.17	.939	238.62	19.88
OUTPATIENT SURGERY	13	24	2,420.24	100.84	.182	186.17	18.34
PRINCIPAL SURGEON	12	12	2,138.22	178.19	.091	178.19	16.20
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	12	282.02	23.50	.091	141.01	2.14
DIALYSIS	2	14	315.86	22.56	.106	157.93	2.39
	14	24					
PATHOLOGY			901.77	37.57	.182	64.41	6.83
RADIOLOGY	46	121	3,107.56	25.68	.917	67.56	23.54
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	14	115.95	8.28	.106	28.99	.88
OTHER SERVICES/ALL X-OVERS	31	56	2,901.10	51.81	.424	93.58	21.98
@PHARMACY	35	113 \$	23,038.11	\$ 203.88	.856		
PRESCRIPTION DRUGS	35	112	23,035.11	205.68	.848	658.16	174.51
			•				
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	35	112	23,035.60	205.68	.848	658.16	174.51
MEDICAL SUPPLIES	1	1	2.51	2.51	.008	2.51	.02
@DENTIST	11	52 \$	1,891.00	\$ 36.37	.394	171.91	\$ 14.33
VISITS - DIAGNOSTIC	8	27	345.00	12.78	.205	43.13	2.61
ORAL SURGERY	2	7	1,030.00	147.14	.053	515.00	7.80
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.015	100.00	1.52
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	7	16	316.00	19.75	.121	45.14	2.39
PROSTHETICS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	U	0					
SPACE MAINTAINERS	0	Ü	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAI. SERVICI	S AND EXPENDITURES					PAGE 9,086
MOP024	FEE-FOR-SERVICE		MONIII OF FAIMENT RE	FORT FOR OAN	ZUUJ IIIKU DI	2005	01/29/04
				ED 6D 3E			01/29/04
NEVADA COUNTY	SUMMARY OF SERV.	CES FOR MN - SOC -	FAMILIES AID CODE	5R 6R 37			
							GE
132 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
EYE APPLIANCES							.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000		\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2 \$	66.00	\$ 33.00	.015		\$ .50
MEDICINE/INJECTIONS	1	1	51.00	51.00	.008	51.00	.39
					.000		
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	15.00	15.00	.008	15.00	.11

@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	Ś	.00	\$	.00	.000		.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ċ		\$	.00	.000		.00	\$	.00
FAMILY NURSE PRACTITIONER	. 0	2	ς. Υ	48.00	\$	24.00	.015			\$	.36
	100		ې ط	145 101 00						-	
@TOTAL HOSPITAL	108	994	Ş			148.07		Ş	1362.80	\$	
HOSP INPATIENT TOTAL	14	46		126,815.32		2756.85 690.67	.348		9058.24		960.72
HSC HOSPITALS	1	3		2,072.00		690.67	.023		2072.00		15.70
NON-HSC HOSPITAL TOTAL	13	43		124,743.32		2901.01 459.46	.326		9595.64		945.03
ACCOMMODATIONS	13	43		19,756.58		459.46	.326		1519.74		149.67
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		00	.000		.00		.00
		43		19,756.58		4EO 46	.326		1519.74		149.67
ALL OTHER ACCOM	13 13			19,750.50		.00 459.46 .00					
ANCILLARIES		0		104,986.74		.00	.000		8075.90		795.35
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	99	948		20,366.66		21.48	7.182		205.72		154.29
MEDICAL	15	17		3,255.49		191.50	.129		217.03		24.66
SURGERY	21	21		524.73		24.99	.159		24.99		3.98
PATHOLOGY	45	175		1,765.32		10.09	1.326		39.23		13.37
RADIOLOGY	41	60		4,217.10		70.29	.455		102.86		31.95
	61	90									
ROOM USE				2,745.01		30.50	.682		45.00		20.80
CROSSOVERS/ALL OTH OUTPTNT		585		7,859.01		13.43	4.432		174.64		59.54
@COUNTY HOSPITAL TOTAL	1	2	\$		\$		.015	Ş	63.15	Ş	.48
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	Ů.	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	1	0									
CO HOSP OUTPATIENT TOTAL	1	۷		63.15		31.58	.015		63.15		.48
MEDICAL	<u></u>	Ţ		28.22		28.22	.008		28.22		. 21
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		34.93		34.93	.008		34.93		.26
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITUR	ES N	MONTH-OF-PAYMENT RE	EPOR	T FOR JAN	2003 THRU	DEC	2003	Ρ	AGE 9,087
MOP024	FEE-FOR-SERVIC	E/DENTAL									01/29/04
NEVADA COUNTY			C -	FAMILIES AID CODE	5R	6R 37					. , . , .
			_				M	ONT	HLY AVERA	GE	
132 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ΑV	ERAGE COST					COST PER
101 22101222	0,02112	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	107	992	\$	147,118.83		148.31			1374.94		
COMM HOSP INPATIENT TOTAL	14	46	Y	126,815.32	Y	2756.85	.348	Ų	9058.24	Y	960.72
HSC HOSPITALS	1	3		2,072.00		690.67	.023		2072.00		15.70
NON-HSC HOSPITALS TOTAL	13	43		124,743.32		2901.01	.326		9595.64		945.03
ACCOMMODATIONS	13	43		19,756.58		459.46	.326		1519.74		149.67
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	13	43		19,756.58		459.46	.326		1519.74		149.67
ANCILLARIES	13	0		104,986.74		.00	.000		8075.90		795.35
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	Ö	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	98	946		20,303.51		21.46	7.167		207.18		153.81
MEDICAL	14	16		3,227.27		201.70	.121		230.52		24.45
HEDICAL	7.4	10		3,441.41		201.70			200.02		44.47

GIDGEDY	21	21		524.73		24.99	.159		24.99		3.98
SURGERY PATHOLOGY	45	175		1,765.32		10.09	1.326		39.23		13.37
RADIOLOGY	41	60		4,217.10		70.29	.455		102.86		31.95
	60	89					.674		45.17		20.53
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	45	585		2,710.08		30.45			174.64		20.53 59.54
	45		4	7,859.01	Ś	13.43	4.432	4		4	
@STATE HOSPITAL	0	0	\$	.00	Ş	.00	.000	\$		\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	4	.00	4	.00	.000	4	.00	4	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	U	U		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$		\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2	42	\$	393.52	\$	9.37	.318	\$		\$	2.98
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	2	42		393.52		9.37	.318		196.76		2.98
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	11	\$	179.66	\$	16.33	.083	\$	59.89	\$	1.36
PATHOLOGY	3	11		179.66		16.33	.083		59.89		1.36
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6	6	\$	891.39	\$	148.57	.045	\$	148.57	\$	6.75
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	1	1		.00		.00	.008		.00		.00
RURAL HEALTH CLINIC	5	5		891.39		178.28	.038		178.28		6.75
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	JRES I	MONTH-OF-PAYMENT RI	EPOR1	FOR JAN	2003 THRU	DEC	2003	PA	GE 9,088
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
NEVADA COUNTY			SOC -	FAMILIES AID CODE	5R 6	5R 37					, -,
		-	-			-	M	ONT	HLY AVERA	GE -	
132 ELIGIBLES	USERS	UNITS OF SERVICE	Έ	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	-	COST PER	-	OST PER
										_	

					1.1014	11111 1 114 1141	O LI
132 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	16	124 \$	8,982.39	\$ 72.44	.939 \$	561.40	\$ 68.05
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10	100	7,611.45	76.11	.758	761.15	57.66
AMBULANCES/AIR TRANS	10	97	2,211.45	22.80	.735	221.15	16.75
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	3	5,400.00	1800.00	.023	1800.00	40.91
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	21.99	11.00	.015	21.99	.17
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2	1,069.17	534.59	.015	534.59	8.10
PROSTHETICS	2	2	1,069.17	534.59	.015	534.59	8.10
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	130.98	.00	.000	.00	.99
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	20	148.80	7.44	.152	49.60	1.13
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	1	6	\$ 13.69	\$ 2.28	.045	\$ 13.69	\$ .10

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,089
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

NEVADA COUNTI	SUMMARY OF SERV	VICES FOR MIN - SOC - I	IOIAL		MON		CD
440 51 16151 56					MON'		
449 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	6.71	OR DAYS OF CARE	F06 011 60	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	671	7,435 \$	706,911.68	\$ 95.08			\$ 1574.41
@PHYSICIANS SERVICES	250	1,114 \$		\$ 33.77	2.481 \$		
OUTPATIENT VISITS	101	167	6,456.55	38.66	.372	63.93	14.38
OFFICE VISITS	59	108	3,082.37	28.54	.241	52.24	6.86
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	42	54	3,195.54	59.18	.120	76.08	7.12
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	5	178.64	35.73	.011	44.66	.40
INPATIENT VISITS	27	90	4,461.58	49.57	.200	165.24	9.94
HOSPITAL VISITS	27	83	3,923.88	47.28	.185	145.33	8.74
CRITICAL CARE	2	7	537.70	76.81	.016	268.85	1.20
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.002	46.44	.10
EXAMINATIONS	1	1	46.44	46.44	.002	46.44	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	26	147	6,451.15	43.89	.327	248.12	14.37
PRINCIPAL SURGEON	15	17	3,170.33	186.49	.038	211.36	7.06
ASSISTANT SURGEON	2	2	536.67	268.34	.004	268.34	1.20
ANESTHESIOLOGIST	12	128	2,744.15	21.44	.285	228.68	6.11
OUTPATIENT SURGERY	24	39	4,686.03	120.15	.087	195.25	10.44
PRINCIPAL SURGEON	22	22	4,207.45	191.25	.049	191.25	9.37
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	17	478.58	28.15	.038	119.65	1.07
DIALYSIS	2	14	315.86	22.56	.031	157.93	.70
PATHOLOGY	26	67	1,286.17	19.20	.149	49.47	2.86
RADIOLOGY	77	186	5,923.41	31.85	.414	76.93	13.19
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	10	27	197.58	7.32	.060	19.76	.44
OTHER SERVICES/ALL X-OVERS	95	376	7,793.78	20.73	.837	82.04	17.36
@PHARMACY	301	2,394 \$		\$ 91.25	5.332 \$		
PRESCRIPTION DRUGS	295	1,462	216,265.72	147.92	3.256	733.10	481.66
SNF/ICF	50	320	18,340.25	57.31	.713	366.81	40.85
OUTPATIENTS	250	1,142	197,925.47	173.31	2.543	791.70	440.81
MEDICAL SUPPLIES	250 17	932	2,192.22	2.35	2.076	128.95	4.88
@DENTIST	50	207 \$		\$ 63.63	.461 \$		
VISITS - DIAGNOSTIC	29	207 Ş 79	863.00	10.92	.176	29.76	\$ 29.34 1.92
	9						
ORAL SURGERY	9	52	3,628.00	69.77 15.00	.116 .004	403.11	8.08
DRUGS	Ţ	2	30.00				.07
ANESTHESIA	3	3	300.00	100.00	.007	100.00	.67
PERIODONTICS	0 4	0 5	.00	.00	.000	.00	.00
ENDODONTICS	4	5	887.00	177.40	.011	221.75	1.98

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RESTORATIVE DENTISTRY	20	58	5,074.24	87.49	.129	253.71	11.30
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	4	8	2,390.00	298.75	.018	597.50	5.32
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES M	IONTH-OF-PAYMENT REE	PORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 9,090
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES	FOR MN - SOC -	TOTAL				
					MON'	THLY AVERAC	BE
449 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR :	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	3	9 \$	149.07	\$ 16.56	.020 \$	49.69	\$ .33
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	3	9	149.07		16.56	.020		49.69		.33
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0 \$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00	•	.00	.000	•	.00		.00
OTHER SERVICES	Ŏ	0	.00		.00	.000		.00		.00
@PODIATRIST	12	17 \$	210.27	\$	12.37	.038	Ş	17.52	Ş	.47
MEDICINE/INJECTIONS	1	1	51.00		51.00	.002		51.00		.11
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	11	16	159.27		9.95	.036		14.48		.35
@HOME HEALTH AGENCY	0		.00	\$	.00		۲.	.00	\$	.00
							\$			
NURSE ANESTHESIST	0	0 \$	.00	\$	.00		\$	.00	\$	.00
NURSE MIDWIFE	0	0 \$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	2	2 \$	48.00	Ś	24.00	.004	\$	24.00	\$	.11
@TOTAL HOSPITAL	220	1,813 \$	256,085.14	ġ	141.25			164.02	\$	570.35
HOSP INPATIENT TOTAL	39	156	215,847.72		1383.64	.347		534.56	Ψ.	480.73
HSC HOSPITALS	2	_ 8	6,249.00		781.13	.018		124.50		13.92
NON-HSC HOSPITAL TOTAL	23	76	201,196.89		2647.33	.169		747.69		448.10
ACCOMMODATIONS	23	76	34,805.80		457.97	.169	15	513.30		77.52
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	23	76	34,805.80		457.97	.169	1 0	513.30		77.52
ANCILLARIES	23	0	166,391.09		.00			234.40		370.58
						.000				
INPATIENT CROSSOVERS	15	72	8,401.83		116.69	.160	į	560.12		18.71
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	190	1,657	40,237.42		24.28	3.690	2	211.78		89.62
MEDICAL	33	45	5,014.77		111.44	.100	-	151.96		11.17
SURGERY	25	28	690.62		24.67	.062		27.62		1.54
PATHOLOGY	75	292	3,339.99		11.44	.650		44.53		7.44
							_			
RADIOLOGY	70	154	11,111.69		72.15	.343	-	158.74		24.75
ROOM USE	86	128	4,467.99		34.91	.285		51.95		9.95
CROSSOVERS/ALL OTH OUTPTNT	102	1,010	15,612.36		15.46	2.249		153.06		34.77
@COUNTY HOSPITAL TOTAL	1	2 \$	63.15	\$	31.58	.004	\$	63.15	\$	.14
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000		.00	•	.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0								
ACCOMMODATIONS		Ü	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0								.00
INPATIENT CROSSOVERS		U	.00		.00	.000		.00		
ALL OTHER INPATIENT	0		.00		.00	.000		.00		
	0	0	.00		.00	.000		.00		.00
	0	0 0	.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	-	0	.00 .00 63.15		.00 .00 31.58	.000 .000 .004		.00 .00 63.15		.00 .00 .14
CO HOSP OUTPATIENT TOTAL MEDICAL	0 1 1	0 0 2 1	.00 .00 63.15 28.22		.00 .00 31.58 28.22	.000 .000 .004 .002		.00 .00 63.15 28.22		.00 .00 .14 .06
CO HOSP OUTPATIENT TOTAL	0 1 1 0	0 0 2 1 0	.00 .00 63.15		.00 .00 31.58	.000 .000 .004		.00 .00 63.15		.00 .00 .14
CO HOSP OUTPATIENT TOTAL MEDICAL	0 1 1	0 0 2 1	.00 .00 63.15 28.22		.00 .00 31.58 28.22	.000 .000 .004 .002		.00 .00 63.15 28.22		.00 .00 .14 .06
CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	0 1 1 0	0 0 2 1 0	.00 .00 63.15 28.22 .00		.00 .00 31.58 28.22 .00	.000 .000 .004 .002 .000		.00 .00 63.15 28.22 .00		.00 .00 .14 .06 .00
CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	0 1 1 0 0	0 0 2 1 0 0	.00 .00 63.15 28.22 .00 .00		.00 .00 31.58 28.22 .00 .00	.000 .000 .004 .002 .000 .000		.00 .00 63.15 28.22 .00 .00		.00 .00 .14 .06 .00 .00
CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	0 1 1 0 0 0	0 0 2 1 0 0 0	.00 .00 63.15 28.22 .00 .00 .00		.00 .00 31.58 28.22 .00 .00	.000 .000 .004 .002 .000 .000		.00 .00 63.15 28.22 .00 .00 .00		.00 .00 .14 .06 .00 .00
CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0 1 1 0 0 0 1	0 0 2 1 0 0 0 1	.00 .00 63.15 28.22 .00 .00 .00 34.93		.00 .00 31.58 28.22 .00 .00 .00 34.93	.000 .000 .004 .002 .000 .000 .000		.00 .00 63.15 28.22 .00 .00 .00 34.93		.00 .00 .14 .06 .00 .00 .00
CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	0 1 1 0 0 0 0 1 0 MEDI-CAL SERVICE	0 0 2 1 0 0 0 1 0 ES AND EXPENDITURES M	.00 .00 63.15 28.22 .00 .00 .00 34.93	EPORT	.00 .00 31.58 28.22 .00 .00 .00 34.93	.000 .000 .004 .002 .000 .000 .000	)EC 2(	.00 .00 63.15 28.22 .00 .00 .00 34.93	P <i>i</i>	.00 .00 .14 .06 .00 .00 .00 .08 .00
CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	0 1 1 0 0 0 1 0 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 0 2 1 0 0 1 0 ES AND EXPENDITURES M	.00 .00 63.15 28.22 .00 .00 .00 .34.93 .00 MONTH-OF-PAYMENT R	EPORT	.00 .00 31.58 28.22 .00 .00 .00 34.93	.000 .000 .004 .002 .000 .000 .000	EC 20	.00 .00 63.15 28.22 .00 .00 .00 34.93	P?	.00 .00 .14 .06 .00 .00 .00
CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	0 1 1 0 0 0 1 0 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 0 2 1 0 0 0 1 0 ES AND EXPENDITURES M	.00 .00 63.15 28.22 .00 .00 .00 .34.93 .00 MONTH-OF-PAYMENT R	EPORT	.00 .00 31.58 28.22 .00 .00 .00 34.93	.000 .000 .004 .002 .000 .000 .000	)EC 20	.00 .00 63.15 28.22 .00 .00 .00 34.93	P <i>i</i>	.00 .00 .14 .06 .00 .00 .00 .08 .00
CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	0 1 1 0 0 0 1 0 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 0 2 1 0 0 1 0 ES AND EXPENDITURES M	.00 .00 63.15 28.22 .00 .00 .00 .34.93 .00 MONTH-OF-PAYMENT R	EPORT	.00 .00 31.58 28.22 .00 .00 .00 34.93	.000 .000 .004 .002 .000 .000 .000		.00 .00 63.15 28.22 .00 .00 .00 34.93 .00		.00 .00 .14 .06 .00 .00 .00 .08 .00 AGE 9,091 01/29/04
CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	0 1 1 0 0 0 1 1 0 0 0 1 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE	0 0 2 1 0 0 1 0 ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC -	.00 .00 63.15 28.22 .00 .00 .00 34.93 .00 MONTH-OF-PAYMENT R		.00 .00 31.58 28.22 .00 .00 .00 34.93 .00 FOR JAN	.000 .000 .004 .002 .000 .000 .000 .002 .000 2003 THRU D	NTHL	.00 .00 63.15 28.22 .00 .00 .00 34.93 .00	.GE -	.00 .00 .14 .06 .00 .00 .00 .08 .00 AGE 9,091 01/29/04
CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	0 1 1 0 0 0 1 0 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 0 2 1 0 0 1 0 1 0 ES AND EXPENDITURES N /DENTAL ICES FOR MN - SOC -	.00 .00 63.15 28.22 .00 .00 .00 .34.93 .00 MONTH-OF-PAYMENT R	AVE	.00 .00 31.58 28.22 .00 .00 .00 34.93 .00 FOR JAN	.000 .000 .004 .002 .000 .000 .000 .002 .000 2003 THRU D	NTHLY COS	.00 .00 63.15 28.22 .00 .00 .00 34.93 .00	.GE -	.00 .00 .14 .06 .00 .00 .00 .08 .00 AGE 9,091 01/29/04
CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  449 ELIGIBLES	0 1 1 0 0 0 1 1 0 0 0 1 1 0 MEDI-CAL SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE	0 0 2 1 0 0 1 0 1 0 ES AND EXPENDITURES MADENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE	.00 .00 63.15 28.22 .00 .00 .00 34.93 .00 MONTH-OF-PAYMENT RI	AVE PER	.00 .00 .31.58 28.22 .00 .00 .00 .34.93 .00 FOR JAN	.000 .000 .004 .002 .000 .000 .000 .002 .000 2003 THRU D	NTHL? COS	.00 .00 63.15 28.22 .00 .00 .00 34.93 .00 003 Y AVERA	.GE - (	.00 .00 .14 .06 .00 .00 .00 .08 .00 AGE 9,091 01/29/04
CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  449 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	0 1 1 1 0 0 0 0 0 0 1 1 0 0 0 0 0 0 0 0	0 0 2 1 0 0 1 0 1 0 ES AND EXPENDITURES MADENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 1,811 \$	.00 .00 63.15 28.22 .00 .00 .00 34.93 .00 MONTH-OF-PAYMENT RI	AVE PER \$	.00 .00 .31.58 28.22 .00 .00 .34.93 .00 FOR JAN	.000 .000 .004 .002 .000 .000 .000 .002 .000 2003 THRU D	NTHLY COS ( \$ 11	.00 .00 63.15 28.22 .00 .00 .34.93 .00 003 Y AVERA ST PER JSER 169.05	.GE - (	.00 .00 .14 .06 .00 .00 .08 .00 AGE 9,091 01/29/04
CO HOSP OUTPATIENT TOTAL  MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  449 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	0 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 2 1 0 0 0 1 0 0 1 0 ES AND EXPENDITURES M /DENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 1,811 \$ 156	.00 .00 63.15 28.22 .00 .00 .34.93 .00 MONTH-OF-PAYMENT RI TOTAL EXPENDITURES 256,021.99 215,847.72	AVE PER \$	.00 .00 .31.58 28.22 .00 .00 .00 .34.93 .00 FOR JAN	.000 .000 .004 .002 .000 .000 .000 .002 .000 2003 THRU D MC UNITS/DAYS PER ELIG 4.033 .347	NTHLY COS U \$ 11	.00 .00 63.15 28.22 .00 .00 .34.93 .00 003 Y AVERA ST PER USER 169.05 534.56	.GE - (	.00 .00 .14 .06 .00 .00 .00 .08 .00 AGE 9,091 01/29/04 
CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  449 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	0 1 1 1 0 0 0 0 0 0 1 1 0 0 0 0 0 0 0 0	0 0 2 1 0 0 1 0 1 0 ES AND EXPENDITURES MADENTAL ICES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 1,811 \$	.00 .00 63.15 28.22 .00 .00 .00 34.93 .00 MONTH-OF-PAYMENT RI	AVE PER \$	.00 .00 .31.58 28.22 .00 .00 .34.93 .00 FOR JAN	.000 .000 .004 .002 .000 .000 .000 .002 .000 2003 THRU D	NTHLY COS U \$ 11	.00 .00 63.15 28.22 .00 .00 .34.93 .00 003 Y AVERA ST PER JSER 169.05	.GE - (	.00 .00 .14 .06 .00 .00 .08 .00 AGE 9,091 01/29/04

NON-HSC HOSPITALS TOTAL	23	76		201,196.89		2647.33	.169		8747.69		448.10
ACCOMMODATIONS	23	76		34,805.80		457.97	.169		1513.30		77.52
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	23	76		34,805.80		457.97	.169		1513.30		77.52
ANCILLARIES	23	0		166,391.09		.00	.000		7234.40		370.58
INPATIENT CROSSOVERS	15	72		8,401.83		116.69	.160		560.12		18.71
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	189	1,655		40,174.27		24.27	3.686		212.56		89.47
MEDICAL	32	44		4,986.55		113.33	.098		155.83		11.11
SURGERY	25	28		690.62		24.67	.062		27.62		1.54
PATHOLOGY	75	292		3,339.99		11.44	.650		44.53		7.44
RADIOLOGY	70	154		11,111.69		72.15	.343		158.74		24.75
ROOM IISE	85	127		4,433.06		34.91	.283		52.15		9.87
CROSSOVERS/ALL OTH OUTPTNT	102	1,010		15,612.36		15.46	2.249		153.06		34.77
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00	•	.00	.000		.00		.00
DEVELOP, DISABLED	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL  @STATE HOSPITAL  MENTALLY ILL  DEVELOP. DISABLED  @NURSING FACILITY  LEV A-INTERMEDIATE  LEV B-REHAB MD	49	1,430	\$	152,220.57	Ś	106.45	3.185	\$	3106.54	\$	339.02
LEV A-INTERMEDIATE	0	, 0		.00	•	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	49	1,430		152,220.57		106.45	3.185		3106.54		339.02
@INTERMEDIATE CARE FACILDD	0	, 0	\$	.00	\$	.00	.000	\$	.00	\$	.00
	0	0		.00	•	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2	42	\$	393.52	\$	9.37	.094	\$	196.76	\$	.88
HOSPITAL BASED	0	0	•	.00	·	.00	.000		.00	•	.00
HEMODIALYSIS CENTER	2	42		393.52		9.37	.094		196.76		.88
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	•	.00	·	.00	.000		.00	•	.00
ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	9	22	\$	404.70	\$	18.40	.049	\$	44.97	\$	.90
PATHOLOGY	9	22	•	404.70	·	18.40	.049		44.97	•	.90
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	30	57	\$	5,449.99	\$	95.61	.127	\$	181.67	\$	12.14
CLINIC	3	3	•	77.98	·	25.99	.007		25.99	•	.17
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	1	1		.00		.00	.002		.00		.00
RURAL HEALTH CLINIC	26	53		5,372.01		101.36	.118		206.62		11.96
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	JRES N	MONTH-OF-PAYMENT R	EPOR'	r for Jan	2003 THRU	DEC	2003	Р	AGE 9,092
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/29/04
NEVADA COUNTY		VICES FOR MN - S	SOC -	TOTAL							
							M	IONT	HLY AVERA	4GE	
449 ELIGIBLES	USERS	UNITS OF SERVIC	CE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	.s	COST PER		COST PER
		OR DAYS OF CAR	RE				PER ELIC		USER		ELIGIBLE
CALL OFFIED DECLIEDED	F.C	200	4	00 701 60	4	CO 01	721	4	405 20	4	F0 F6

					MON	THLY AVERA	GE
449 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	56	328 \$	22,701.69	\$ 69.21	.731 \$	405.39	\$ 50.56
DURABLE MED. EQUIP.	4	8	1,014.58	126.82	.018	253.65	2.26
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	24	221	13,567.17	61.39	.492	565.30	30.22
AMBULANCES/AIR TRANS	21	185	4,461.47	24.12	.412	212.45	9.94
OTHER TRANS	3	31	105.70	3.41	.069	35.23	.24
OTHER SERVICES	5	5	9,000.00	1800.00	.011	1800.00	20.04
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	12	47		6,023.40	128.16	.105	501.95	13.42
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	5	10		113.21	11.32	.022	22.64	.25
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1		.50	.50	.002	.50	.00
PROSTHETIST/ORTHOTISTS	3	6		1,496.62	249.44	.013	498.87	3.33
PROSTHETICS	3	6		1,496.62	249.44	.013	498.87	3.33
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		130.98	.00	.000	.00	. 29
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	20		148.80	7.44	.045	49.60	.33
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	15		206.43	13.76	.033	41.29	.46
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	122	836	\$	33,659.63	\$ 40.26	1.862	\$ 275.90	\$ 74.97
A TOTAL IN THESE ITMES ARE STA	שת אכן א כבטאטאיים	TMEODMATTOM	TTEM ONT V.					

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,093 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

					MONT	THLY AVERAGE	
2,972 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,992	111,529 \$	9,297,861.15	\$ 83.37	37.527 \$	3107.57 \$	3128.49
@PHYSICIANS SERVICES	226	475 \$	7,183.53	\$ 15.12	.160 \$	31.79 \$	2.42
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	9	9	247.50	27.50	.003	27.50	.08
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	9	9	247.50	27.50	.003	27.50	.08
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	3	3	35.75	11.92	.001	11.92	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	5.45	5.45	.000	5.45	.00
OTHER SERVICES/ALL X-OVERS	214	462	6,894.83	14.92	.155	32.22	2.32
@PHARMACY	2,409	23,871 \$	869,834.98	\$ 36.44	8.032 \$	361.08 \$	292.68
PRESCRIPTION DRUGS	2,403	18,156	860,990.47	47.42	6.109	358.30	289.70

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	2,280	17,069	840,902.56		49.26	5.743	368.82	282.94	
OUTPATIENTS	195	1,087	20,087.91		18.48	.366	103.01	6.76	
MEDICAL SUPPLIES	121	5,715	8,844.51		1.55	1.923	73.10	2.98	
@DENTIST	106	252 \$	15,384.00	\$	61.05	.085	\$ 145.13	\$ 5.18	
VISITS - DIAGNOSTIC	84	129	2,928.00	•	22.70	.043	34.86	.99	
ORAL SURGERY	17	71	2,299.00		32.38	.024	135.24	.77	
DRUGS	0	0	.00		.00	.000	.00	.00	
ANESTHESIA	0	0	.00		.00	.000	.00	.00	
PERIODONTICS	0	0	.00		.00	.000	.00	.00	
ENDODONTICS	2	2	475.00		237.50	.001	237.50	.16	
RESTORATIVE DENTISTRY	10	16	1,199.00		74.94	.005	119.90	.40	
PROSTHETICS	0	0	.00		.00	.000	.00	.00	
DENTURES, STAYPLATES	13	34	8,483.00		249.50	.011	652.54	2.85	
SPACE MAINTAINERS	0	0	.00		.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00		.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT I	REPORT	FOR JAN	2003 THRU	DEC 2003	PAGE 9,094	
MOP024	FEE-FOR-SERVICE/DE	NTAL						01/29/04	
NEVADA COUNTY	SUMMARY OF SERVICE	S FOR MN - LONG	TERM CARE - AGED		AID CODE	E 13			
						M	ONTHLY AVERA	GE	
2 072 ELICIPLEC	TICEDO IIM	THE OF CEDITOR	האטבאטבתווטבס	7\ 7.77.7		TINTERC /DAY	C COCH DED	COCH DED	

2,972 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 3 17.70 53.11 \$ @OPTOMETRIST 53.11 .001 \$ .02 1 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 3 53.11 17.70 .001 53.11 .02 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 @CHIROPRACTOR .00 .00 .000 .00 .00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST 220 227 2,176.36 9.59 .076 9.89 .73 0 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS SURGERY/ANES. 0 .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 0 .00 .00 .000 .00 .00 OTHER 227 2,176.36 9.59 .076 9.89 .73 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY NURSE ANESTHESIST 24 48.29 2.01 .008 48.29 .02 NURSE MIDWIFE 0 .00 \$ .00 .000 .00 \$ .00 0 PEDIATRIC NURSE PRACTITIONER .00 .000 .00 .00 .00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 \$ .00 47,466.62 @TOTAL HOSPITAL 109 489 97.07 .165 435.47 15.97 HOSP INPATIENT TOTAL 128 38,504.50 300.82 .043 895.45 12.96 HSC HOSPITALS 0 .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 0 .00 .00 .00 ALL OTHER ACCOM .000 0 .00 .00 .000 ANCILLARIES .00 .00 INPATIENT CROSSOVERS 128 38,504.50 300.82 .043 895.45 12.96 .000 ALL OTHER INPATIENT 0 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 70 361 8,962.12 24.83 .121 128.03 3.02 MEDICAL 8.05 8.05 .000 8.05 .00 SURGERY 0 .00 .00 .000 .00 .00 17 211.55 12.44 .006 35.26 .07 PATHOLOGY RADIOLOGY 1 25.06 25.06 .000 25.06 .01 0 .00 .00 .00 ROOM USE .00 .000 64 342 8,717.46 25.49 .115 136.21 2.93 CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL 0 .00 \$ .00 .000 \$ .00 \$ .00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .000 .00 PAGE 9,095

.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

MORPHAN COUNTY   MORP	#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE:	S MONTH-OF-PAYMENT	REPORT FOR JAN	2003 THRU DE	C 2003	PAGE 9,095
2,972 ELIGIBLES	MOP024			a menu anne acen	ATD COD	n 12		01/29/04
COMMINITY HISTITIAL TOTAL	NEVADA COUNTY	SUMMARY OF SERV	VICES FOR MIN - LONG	G TERM CARE - AGED	AID COD.			C.D.
COMMENDED INFALL TOTAL								
COMMUNITY HOSPITAL TOTAL	2,972 ELIGIBLES	USERS		EXPENDITURE				
HISCHOSPITALS OT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
HICH CHOSPITALS TOTAL	@COMMUNITY HOSPITAL TOTAL	109		,				
NON-BISC HOSPITTALS TOTAL  ACCOMPOSTIONS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	COMM HOSP INPATIENT TOTAL						895.45	
ADMINISTRATIVE DAYS  O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HSC HOSPITALS	0				.000	.00	
ADMINISTRATIVE DAYS  0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0	NON-HSC HOSPITALS TOTAL	0	-	.0	0 .00	.000	.00	.00
TRANSITIONAL IP CAME ALCHER ACCOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ACCOMMODATIONS	0	0	.0	0 .00	.000	.00	.00
ALL CYTHER ACCOM  ANCILIARIES  O  O  O  O  O  O  O  O  O  O  O  O  O	ADMINISTRATIVE DAYS	0	0	.0	0 .00	.000	.00	.00
ANCILLARIES  1 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00	TRANSITIONAL IP CARE	0	0	.0	0 .00	.000	.00	.00
ANCILLARIES	ALL OTHER ACCOM	0	0	.0	0 .00	.000	.00	.00
THE PATTERN TORSOVERS		0	0	.0	0 .00	.000	.00	.00
ALL OTHER INPATIENT		43	128					
COMM   BOSP OUTPATIENT TOTAL   70   361   8,962.12   24.83   .121   128.03   3.02		0						
MEDICAL   1								
SURGERY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
PATHOLOGY 6 17 211.55 12.44 .006 35.26 .07 RADIOLOGY 1 1 1 221.55 2.06 25.06 .000 25.06 .01 ROOM USE 0 0 0 0.0 .00 .000 .000 .000 .000 .00		0						
RADIOLOGY ROOM USE 0 0 0 0.00 .000 .000 .000 .000 CROSSOVERS/ALL OTH OUTPINT 64 342 8.717.46 25.49 .115 136.21 2.93 RSTATE HOSPITAL 0 0 0 0 0.00 .000 .000 .000 .000 .000 MENTALLY ILL 0 0 0 0 0 0.00 .000 .000 .000 .000 EVELOP, DISABLED 0 0 0 0 0.00 .000 .000 .000 .000 EVELOP, DISABLED 0 0 0 0 0.00 .000 .000 .000 .000 EVELOP, DISABLED 0 0 0 0 0.00 .000 .000 .000 .000 EVELOP, DISABLED 0 0 0 0 0.00 .000 .000 .000 .000 EVELOP, DISABLED 0 0 0 0 0.00 .000 .000 .000 .000 EVELOP, DISABLED 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		6						
ROM USE		1						
CROSSOVERS/ALL OTH OUTFINT 64 342 8,717.46 25.49 1.15 136.21 2.93  ##STATE HOSPITAL 0 0 0 \$ 0.00 \$.00 0.00 \$.00 \$.00 \$.00		1	_					
STATE HOSPITAL   0			_					
MENTALLY ILL								
Develop								•
LEV B-REHAB MD  LEV B-SUBACUTE FREESTANDING  0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0		U						
LEV B-REHAB MD  LEV B-SUBACUTE FREESTANDING  0 0 0.00 .00 .00 .00 .00 .00 .00  LEV B-SUBACUTE HSPTL BASED  0 0 0.00 .00 .00 .00 .00 .00 .00  LEV B-RENANSITIONAL TP CARE  0 0 0 .00 .00 .00 .00 .00 .00 .00  LEV B-RECULAR  2,537 79,407 8,127,745.12 102.36 26.718 3203.68 2734.77  @INTERMEDIATE CARE FACILDD  0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	· ·					
LEV B-REHAB MD  LEV B-SUBACUTE FREESTANDING  0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0		2,537						•
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0						
LEV B-SUBACUTE HSPIL BASED 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00		0	_					
LEV B-REAULAR 2,537 79,407 8,127,745.12 102.36 26.718 3203.68 2734.77  @INTERMEDIATE CARE FACILDD 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00 .000 ICF DDH 0 0 0 0 .00 .000 .000 .000 .000 .00		9 0	-					
ELVE B-REGULAR  \$\ \text{2,537}  \text{79,407}  \text{8,127,745.12}  \text{102.36}  \text{26.718}  \text{3203.68}  \text{2734.77} \\ \text{ENTERMEDIATE CARE FACILDD}  \qquad             \qquad  \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qqquad \qqqq \qqqqq \qqqq \qqqqq \qqqq \qqqqq \qqqqq \qqqq \qqqqq \qqqq \qqqqq \qqqqq \qqqqq \qqqq \qqqqq \qqqqq \qqqqq \	LEV B-SUBACUTE HSPTL BASED	0		.0				
### STATEMENDIATE CARE FACILDD  ICF DDH  O  O  O  O  O  O  O  O  O  O  O  O  O		0	· ·				.00	
CLF DDH	LEV B-REGULAR	2,537			2 102.36			2734.77
TICF DD	@INTERMEDIATE CARE FACILDD	0	0 :	\$ .0	0 \$ .00	.000 \$	.00	\$ .00
TCF DDN/DDCN	ICF DDH	0	0	.0	0 .00	.000	.00	.00
### OBJECTIVE NOTAL   9	ICF DD	0	0	.0	0 .00	.000	.00	.00
HOSPITAL BASED	ICF DDN/DDCN	0	0	.0	0 .00	.000	.00	.00
HEMODIALYSIS CENTER	@HEMODIALYSIS TOTAL	9	12	\$ 4,364.3	8 \$ 363.70	.004 \$	484.93	\$ 1.47
## REHABILITATION FACILITY    O   O   O   O   O   O   O   O   O	HOSPITAL BASED	0	0	.0	0 .00	.000	.00	.00
REHABILITATION FACILITY	HEMODIALYSIS CENTER	9	12	4,364.3		.004	484.93	1.47
HOSPITAL BASED 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	@REHABILITATION FACILITY	0	0 :	•		.000 \$	.00	\$ .00
INDEPENDENT FACILITY		0			•			•
@LABORATORY FACILITY         2         6         \$         1.26         \$         .21         .002         \$         .63         \$         .00           PATHOLOGY         0         0         .00		0	0					
PATHOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		2						
XO AND OTHERS   2   6   1.26   .21   .002   .63   .00		0			•			•
@ORGANIZED OUTPATIENT CLINIC 3 4 \$ 850.81 \$ 212.70 .001 \$ 283.60 \$ .29 CLINIC 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		2						
CLINIC 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		3						
SURGICENTER  0 0 0 .00 .00 .00 .00 .00 .00  HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00  RURAL HEALTH CLINIC 3 4 850.81 212.70 .001 283.60 .29  #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,096  MOP024 FEE-FOR-SERVICE/DENTAL  NEVADA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13  MONTHLY AVERAGE  2,972 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER  OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE		0	0					
HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 3 4 850.81 212.70 .001 283.60 .29 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,096 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13 MONTHLY AVERAGE		0	0					
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,972 ELIGIBLES  RURAL HEALTH CLINIC  3		•						
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,096 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13 MONTHLY AVERAGE 2,972 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE								
MOP024 FEE-FOR-SERVICE/DENTAL NEVADA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13 MONTHLY AVERAGE 2,972 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE					1 212.7U			
NEVADA COUNTY  SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED  MONTHLY AVERAGE  2,972 ELIGIBLES  USERS UNITS OF SERVICE  OR DAYS OF CARE  SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED  AID CODE 13  MONTHLY AVERAGE  AVERAGE COST UNITS/DAYS COST PER  OR DAYS OF CARE  PER UNIT/DAY PER ELIG USER  ELIGIBLE				S MONTH-OF-PAYMENT	REPORT FOR JAN	2003 THRU DE	C 2003	
MONTHLY AVERAGE 2,972 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE				a many all		n 12		01/29/04
2,972 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE	NEVADA COUNTY	SUMMARY OF SERV	VICES FOR MN - LONG	G TERM CARE - AGED	AID COD			<b>C D</b>
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE	0 000							
	2,972 ELIGIBLES	USERS		EXPENDITURE				
@ALL OTHER PROVIDERS 207 6,759 \$ 222,752.69 \$ 32.96 2.274 \$ 1076.10 \$ 74.95								
	@ALL OTHER PROVIDERS	207	6,759	\$ 222,752.6	9 \$ 32.96	2.274 \$	10/6.10	\$ /4.95

DURABLE MED. EQUIP.	16	167	14,678.19		87.89	.056	917.39	4.94
BLOOD BANK	0	0	.00		.00	.000	.00	.00
HEARING AID DISPENSERS	17	19	6,577.46		346.18	.006	386.91	2.21
MEDICAL TRANSPORTATION	33	655	2,079.85		3.18	.220	63.03	.70
AMBULANCES/AIR TRANS	2	11	148.99		13.54	.004	74.50	.05
OTHER TRANS	29	624	1,853.74		2.97	.210	63.92	.62
OTHER SERVICES	3	20	77.12		3.86	.007	25.71	.03
ACUPUNCTURE	0	0	.00		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	12	217	14,964.53		68.96	.073	1247.04	5.04
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	13	29	338.61		11.68	.010	26.05	.11
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00	.00
PORTABLE X-RAY	48	92	154.84		1.68	.031	3.23	.05
PROSTHETIST/ORTHOTISTS	1	2	105.98		52.99	.001	105.98	.04
PROSTHETICS	1	2	105.98		52.99	.001	105.98	.04
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	1	1	12.01		12.01	.000	12.01	.00
SPEECH AND AUDIOLOGY	1	1	33.03		33.03	.000	33.03	.01
HOSPICE SERVICES	48	1,637	181,584.11		110.92	.551	3783.00	61.10
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	23	3,939	2,224.08		.56	1.325	96.70	.75
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$	.00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	821	7,819	\$ 163,870.64	\$	20.96	2.631	\$ 199.60	\$ 55.14
C+ MOMAL C TAX MANDED T TAXOG ADD CTT			 ONTT 77 .	•			•	•

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,097
MOPO24 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

DOMINION OF DELIC	VICED FOR THE HORO ID	ICH CHICH DELIND	TILD CODE	23		
				MONT	THLY AVERAGI	₫
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
35	1,805 \$	113,800.67	\$ 63.05	53.088 \$	3251.45	3347.08
1	5 \$	6.13	\$ 1.23	.147 \$	6.13	\$ .18
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00		.00	.00
0	0	.00	.00		.00	.00
0	0	.00	.00	.000	.00	.00
0	0		.00			.00
0	0		.00			.00
0	0		.00		.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
	USERS	USERS UNITS OF SERVICE OR DAYS OF CARE	USERS UNITS OF SERVICE OR DAYS OF CARE  35 1,805 \$ 113,800.67 1 5 \$ 6.13 0 0 0 .00	USERS UNITS OF SERVICE OR DAYS OF CARE  OR DAYS OF CARE  35 1,805 \$ 113,800.67 \$ 63.05 \$ 1 3,800.67 \$ 63.05 \$ 1 3,800.67 \$ 63.05 \$ 1 3,800.67 \$ 63.05 \$ 1 3,800.67 \$ 63.05 \$ 1 5 \$ 6.13 \$ 1.23 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS	USERS

ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	5			6.13		1.23	.147		6.13		.18
@PHARMACY	34	981	\$	9	9,508.22	\$	9.69	28.853	\$	279.65	\$	279.65
PRESCRIPTION DRUGS	34	243		8	3,960.72	·	36.88	7.147	·	263.55		263.55
SNF/ICF	25	183		į	5,909.10		32.29	5.382		236.36		173.80
OUTPATIENTS	9	60			3,051.62		50.86	1.765		339.07		89.75
MEDICAL SUPPLIES	2	738			547.50		.74	21.706		273.75		16.10
@DENTIST	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0			.00		.00	.000		.00		.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDIT	URES	MONTH-OF-I	PAYMENT R	EPORT	FOR JAN 2	2003 THRU 1	DEC	2003	Ρź	AGE 9,098
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR	MN -	LONG	TERM CARE	- BLIND		AID CODE	23				
								Mo	ONTI	HLY AVERA	GE ·	

						Mo	TNC	HLY AVERA	GE	
34 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$ 5.82	\$	5.82	.029	\$	5.82	\$	.17
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	1	1	5.82		5.82	.029		5.82		.17
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1	0	\$ 412.25	\$	.00	.000	\$	412.25	\$	12.13
HOSP INPATIENT TOTAL	1	0	412.25		.00	.000		412.25		12.13
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	1	0		412.25	.00	.000	412.25	12.	.13
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00 \$	.00	.000 \$	.00	\$ .	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	YPENDITURE	ES MONTH-OF-P.	AYMENT REPO	RT FOR JAN 2003	3 THRU DEC	2003		9,099
MOP024	FEE-FOR-SERVICE/DENTAL							01/2	29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR	MN - LON	IG TERM CARE	- BLIND	AID CODE 23				
						MONT	HLY AVERAG	E	

					MON	THLY AVERAG	<u>}E:</u>
34 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	0 \$	412.25	\$ .00	.000 \$	412.25	\$ 12.13
COMM HOSP INPATIENT TOTAL	1	0	412.25	.00	.000	412.25	12.13
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	412.25	.00	.000	412.25	12.13
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$		\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	14	405 \$	38,767.63	\$ 95.72	11.912 \$	2769.12	\$ 1140.22
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	14	405	38,767.63	95.72	11.912	2769.12	1140.22
@INTERMEDIATE CARE FACILDD	12	377	\$ 64,665.98	\$ 171.53	11.088	\$ 5388.83	\$ 1901.94
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	12	377	64,665.98	171.53	11.088	5388.83	1901.94
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00

.00 .000 0 SURGICENTER 0 .00 .00 .00 .000 .00 .00 HEROIN DETOX CLINIC 0 0 .00 .00 .00 RURAL HEALTH CLINIC 0 0 .00 .000 .00 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,100 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 NEVADA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

IND VIDII COUNTI	DOMINITUCE OF DELICE	VICED FOR THE	7140 1111	di Criici	שודווט	TITD CODE	23		
							MC	ONTHLY AVERA	GE
34 ELIGIBLES	USERS	UNITS OF SERVICE		EXPEND	DITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER
		OR DAYS OF CARE	}			PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	6	36	\$		434.64	\$ 12.07	1.059	\$ 72.44	\$ 12.78
DURABLE MED. EQUIP.	2	9			79.50	8.83	.265	39.75	2.34
BLOOD BANK	0	0			.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0			.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	20			88.68	4.43	.588	29.56	2.61
AMBULANCES/AIR TRANS	0	0			.00	.00	.000	.00	.00
OTHER TRANS	0	0			.00	.00	.000	.00	.00
OTHER SERVICES	3	20			88.68	4.43	.588	29.56	2.61
ACUPUNCTURE	0	0			.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0			.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0			.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0			.00	.00	.000	.00	.00
OPTICIAN	0	0			.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0			.00	.00	.000	.00	.00
PORTABLE X-RAY	1	3			2.26	.75	.088	2.26	.07
PROSTHETIST/ORTHOTISTS	0	0			.00	.00	.000	.00	.00
PROSTHETICS	0	0			.00	.00	.000	.00	.00
ORTHOTICS	0	0			.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0			.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4			264.20	66.05	.118	132.10	7.77
HOSPICE SERVICES	0	0			.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0			.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0			.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0			.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0			.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0			.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$		.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	4	29	\$		515.14	\$ 17.76	.853	\$ 128.79	\$ 15.15
OF TOTAL OF THE THEOR LINES ADD		ATE TATE ODMATT ON T	. The M Or	TT 37 •		•		•	•

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

112 111211 0001111	DOIMELLE OF DELL	0_0 _ 0				0.0		
						MO1	NTHLY AVERA	GE
246 ELIGIBLES	USERS	UNITS OF SERVICE	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	RE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	270	14,487	\$	932,988.21	\$ 64.40	58.890	\$ 3455.51	\$ 3792.64
@PHYSICIANS SERVICES	70	200	\$	4,816.80	\$ 24.08	.813	\$ 68.81	\$ 19.58
OUTPATIENT VISITS	1	1		108.08	108.08	.004	108.08	.44
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		108.08	108.08	.004	108.08	.44
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	32	51		1,722.39	33.77	.207	53.82	7.00
HOSPITAL VISITS	2	15		647.45	43.16	.061	323.73	2.63
CRITICAL CARE	0	0		.00	.00	.000	.00	.00

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01/29/04

SNF/ICF/TRANS IP CARE	30	36		1,074.94		29.86	.146		35.83		4.37
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	3	22		824.07		37.46	.089		274.69		3.35
PRINCIPAL SURGEON	1	2		481.38		240.69	.008		481.38		1.96
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3	20		342.69		17.13	.081		114.23		1.39
OUTPATIENT SURGERY	2	2		392.03		196.02	.008		196.02		1.59
PRINCIPAL SURGEON	2	2		392.03		196.02	.008		196.02		1.59
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	6	12		730.18		60.85	.049		121.70		2.97
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	36	112		1,040.05		9.29	.455		28.89		4.23
@PHARMACY	222	6,878	\$	118,092.00	\$	17.17	27.959	\$	531.95	Ś	480.05
PRESCRIPTION DRUGS	220	1,595	-	114,338.89	-	71.69	6.484	т.	519.72	т.	464.79
SNF/ICF	202	1,407		104,694.48		74.41	5.720		518.29		425.59
OUTPATIENTS	23	188		9,644.41		51.30	.764		419.32		39.20
MEDICAL SUPPLIES	32	5,283		3,753.11		.71	21.476		117.28		15.26
@DENTIST	19	50	\$	1,702.00	\$	34.04	.203	\$	89.58	\$	6.92
VISITS - DIAGNOSTIC	16	34		638.00		18.76	.138		39.88		2.59
ORAL SURGERY	6	13		384.00		29.54	.053		64.00		1.56
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		200.00		200.00	.004		200.00		.81
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	1	1		30.00		30.00	.004		30.00		.12
DENTURES, STAYPLATES	1	1		450.00		450.00	.004		450.00		1.83
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			URES	MONTH-OF-PAYMENT RI	EPOR	T FOR JAN	2003 THRU	DEC	2003	PΙ	AGE 9,102
MOP024	FEE-FOR-SERVICE										01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MN - 1	LONG	TERM CARE - DISABLE	ED	AID COD					
							M				
246 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	ΑV	ERAGE COS'	T UNITS/DAY	S = 0	COST PER	(	COST PER

246 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		ERAGE COST	UNITS/DAY PER ELIG		COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$	21.31	\$	21.31	.004	\$	21.31	\$ .09
DIAGNOSTIC AND ANC. PROCED	0	0	•	.00	•	.00	.000	-	.00	.00
EYE APPLIANCES	1	1		21.31		21.31	.004		21.31	.09
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
VISITS	0	0		.00		.00	.000		.00	.00
OTHER SERVICES	0	0		.00		.00	.000		.00	.00
@PODIATRIST	19	19	\$	152.38	\$	8.02	.077	\$	8.02	\$ .62
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00
OTHER	19	19		152.38		8.02	.077		8.02	.62
@HOME HEALTH AGENCY	1	2	\$	104.99	\$	52.50	.008	\$	104.99	\$ .43
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00

FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	36	318	Ė	8,768.26	\$				243.56	Ė	35.64
HOSP INPATIENT TOTAL	6	123	•	4,564.00	•	37.11	.500		760.67		18.55
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	6	123		4,564.00		37.11	.500		760.67		18.55
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	33	195		4,204.26		21.56	.793		127.40		17.09
MEDICAL	1	1		7.79		7.79	.004		7.79		.03
SURGERY	2	2		28.31		14.16	.008		14.16		.12
PATHOLOGY	14	72		671.26		9.32	.293		47.95		2.73
RADIOLOGY	3	3		268.53		89.51	.012		89.51		1.09
ROOM USE	4	6		406.10		67.68	.024		101.53		1.65
CROSSOVERS/ALL OTH OUTPTNT	20	111		2,822.27		25.43	.451		141.11		11.47
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES MONT	TH-OF-PAYMENT RE	PORT	FOR JAN 2003	THRU	DEC	2003	PAG	E 9,103
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR	MN - LO	ONG TERM	M CARE - DISABLE	D	AID CODE 63					
							N	1ONT)	HLY AVERA	GE	

					MON	ITHLY AVERA	GE	-
246 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PE	R
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBL	E
@COMMUNITY HOSPITAL TOTAL	36	318	\$ 8,768.26	\$ 27.57	1.293 \$	243.56	\$ 35.6	4
COMM HOSP INPATIENT TOTAL	6	123	4,564.00	37.11	.500	760.67	18.5	5
HSC HOSPITALS	0	0	.00	.00	.000	.00	.0	0
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.0	0
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.0	0
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.0	0
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.0	0
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.0	0
ANCILLARIES	0	0	.00	.00	.000	.00	.0	0
INPATIENT CROSSOVERS	6	123	4,564.00	37.11	.500	760.67	18.5	5
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.0	0
COMM HOSP OUTPATIENT TOTAL	33	195	4,204.26	21.56	.793	127.40	17.0	9
MEDICAL	1	1	7.79	7.79	.004	7.79	.0	3
SURGERY	2	2	28.31	14.16	.008	14.16	.1	2
PATHOLOGY	14	72	671.26	9.32	.293	47.95	2.7	3
RADIOLOGY	3	3	268.53	89.51	.012	89.51	1.0	9
ROOM USE	4	6	406.10	67.68	.024	101.53	1.6	5

CROSSOVERS/ALL OTH OUTPTNT	20	111		2,822.27		25.43	.451		141.11		11.47
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	209	6,485	\$	729,239.94	\$	112.45	26.362	\$	3489.19	\$	2964.39
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	209	6,485		729,239.94		112.45	26.362		3489.19		2964.39
@INTERMEDIATE CARE FACILDD	12	383	\$	62,740.57	\$	163.81	1.557	\$	5228.38	\$	255.04
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	12	383		62,740.57		163.81	1.557		5228.38		255.04
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	47	\$	313.19	\$	6.66	.191	\$	44.74	\$	1.27
PATHOLOGY	7	47		313.19		6.66	.191		44.74		1.27
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES	MONTH-OF-PAYMENT RE	EPORT	r for jan	2003 THRU	DEC	2003	P	AGE 9,104
MOP024	FEE-FOR-SERVICE/DENTA	L									01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES F	OR MN - I	LONG	TERM CARE - DISABLE	ΞD	AID COD	E 63				
MONTHLY AVERAGE											

					MON	THLY AVERA	JE
246 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	27	104 \$	7,036.77	\$ 67.66	.423 \$	260.62	\$ 28.60
DURABLE MED. EQUIP.	5	31	5,686.36	183.43	.126	1137.27	23.12
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	38	444.25	11.69	.154	88.85	1.81
AMBULANCES/AIR TRANS	4	18	393.26	21.85	.073	98.32	1.60
OTHER TRANS	1	20	50.99	2.55	.081	50.99	.21
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	9	74.88	8.32	.037	14.98	.30
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	3	5.40	1.80	.012	2.70	.02
PROSTHETIST/ORTHOTISTS	2	7	136.82	19.55	.028	68.41	.56
PROSTHETICS	2	7	136.82	19.55	.028	68.41	.56
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	14	641.92	45.85	.057	106.99	2.61
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP**	0 0 2 0 86	0 0 2 0 \$ 3,913 \$	.00 .00 47.14 .00 23,735.46	.00 .00 23.57 \$ .00 \$ 6.07	.000 .000 .008 .000 \$	.00 .00 23.57 .00 275.99	.00 .00 .19 \$ .00 \$ 96.49
@* TOTALS IN THESE LINES ARE G	GIVEN AS A SEPARATE	INFORMATION ITEM	ONLY;				
THE AMOUNTS ARE ALREADY INC ** THESE DATA ARE INCLUDED IN		RIATE DETAIL LINE TAIL LINES ABOVE.	S ABOVE.				
	MEDI-CAL SERVICES A	ND EXPENDITURES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 9,105
	FEE-FOR-SERVICE/DEN						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES	FOR MN - LONG T	ERM CARE - FAMILIE	ES DISCONTINU			
					MON'	THLY AVERAG	GE
00 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00 \$		.000 \$	.00 \$	
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0 0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES @DENTIST	0	0 \$	.00 .00 \$	.00 .00	.000 .000 \$	.00 .00 \$	.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000 \$	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	Ô	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MONT					PAGE 9,106
MOP024	FEE-FOR-SERVICE/I	ENTAL					01/29/04
NEVADA COUNTY	SUMMARY OF SERVIC	ES FOR MN - LONG TERM	CARE - FAMILIES	DISCONTINUE	D.		
				-	MONTH	LY AVERAGE	
00 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES A	VERAGE COST U	NITS/DAYS C	OST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$	.00 \$		.000 \$	.00 \$	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00 \$		.000 \$	.00 \$	
VISITS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$		\$ .00
NURSE ANESTHESIST	0	0 &	.00	\$ .00	.000 \$		\$ .00
	0	0 3		•			•
NURSE MIDWIFE	Ü	0 \$	.00	\$ .00	.000 \$		\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
HSC HOSPITALS	Ü	Ü	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	Ü	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0			.000		
	0	U	.00	.00		.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	0	0 4					
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	Ô	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	Ü	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0	.00				.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0					
CROSSOVERS/ALL OTH OUTPTNT	ŭ	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES N	IONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DEC	2003	PAGE 9,107
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG T	ERM CARE - FAMILIE	S DISCONTIN	UED		
					MONT	HLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AMERACE COST	UNITS/DAYS		COST PER
OO FILTGIBLES	CALLO		EVE EMPTIONED			USER	ELIGIBLE
OCOMMINITEN HOCKETTA TOTAL	^	OR DAYS OF CARE	0.0	PER UNIT/DAY			-
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	ŭ	· ·	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
MEDICAL	U	U									
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
	0	0									
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	•	.00		.00	.000	-	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
	0									4	
@NURSING FACILITY	Ü	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-SUBACUTE HSPTL BASED	Ü	Ü		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	Û	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
	0	0	Y		Ÿ			Ÿ		Ų	
ICF DDH	Ü	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
	0	0	٧		Y			Y		٧	
HOSPITAL BASED	U	· ·		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
	0				_						
@LABORATORY FACILITY	0	0	\$	.00	Ş	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	¢	.00	.000	\$	.00	¢	.00
	0	0	Y		Y			Ÿ		Y	
CLINIC	U	Ü		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	_	CES AND EXPENDITURE	ZC MOI		דס∩סיד			חבר		D7	AGE 9,108
			TO MO	NIH-OF-PAIMENI KI	EPUKI	FOR UAN Z	UUS IRKU	DEC	2003	PF	
MOP024	FEE-FOR-SERVICE										01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MN - LO	NG TE	RM CARE - FAMILII	ES	DISCONTINU	ED				
							M	ONTH	ILY AVERAC	3E -	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ΔVF	RAGE COST	IINTTS/DAY	s c	OST PER	(	COST PER
00 11101110	OBLIE	OR DAYS OF CARE		DILL DIVE I CICEO		UNIT/DAY			USER		ELIGIBLE
CALL OFFICE PROJETERS	2			0.0							
@ALL OTHER PROVIDERS	0	0	Ş	.00	\$	.00	.000	Ş	.00	Ş	.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
	· ·	· ·									
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	•	0									
ACUPUNCTURE	0	Ü		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
	•	0									
OCCUPATIONAL THERAPIST	0	Ü		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
	U	U		.00		. 00	.000		. 0 0		.00
	O	O		.00		.00	.000		.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	)	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	)	.00
PROSTHETICS	0	0	.00	.00	.000	.00	)	.00
ORTHOTICS	0	0	.00	.00	.000	.00	)	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	)	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	)	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	)	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	)	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	)	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	)	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	)	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	)	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	)	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	) \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	) \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,109
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

NEVADA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

NEVADA COUNTI	SOMMAKI OF SERV	VICES FOR PIN LONG	TERM CARE TOTAL		MON	ייטוע אוויים אויים	~p
3,252 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
J, ZJZ EHIGIBHES	OSEKS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3,297	127,821 \$	10,344,650.03	\$ 80.93	39.305 \$		\$ 3181.01
@PHYSICIANS SERVICES	297	680 \$	12,006.46	\$ 17.66	.209 \$		\$ 3.69
OUTPATIENT VISITS	<i>∠∃1</i>	000 Ş 1	12,000.40	108.08	.000	108.08	.03
OFFICE VISITS	0	<u> </u>	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.000	108.08	.03
PREVENTIVE CARE	1	1	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	41	60		32.83	.018	48.05	
INPATIENT VISITS	41	15	1,969.89 647.45	43.16	.018	323.73	.61
HOSPITAL VISITS	2	0			.005		. 20
CRITICAL CARE SNF/ICF/TRANS IP CARE	39	45	.00	.00		.00	.00
- , - ,	39		1,322.44	29.39	.014	33.91	. 41
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	22	824.07	37.46	.007	274.69	. 25
PRINCIPAL SURGEON	1	2	481.38	240.69	.001	481.38	.15
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	20	342.69	17.13	.006	114.23	.11
OUTPATIENT SURGERY	2	2	392.03	196.02	.001	196.02	.12
PRINCIPAL SURGEON	2	2	392.03	196.02	.001	196.02	.12
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	9	15	765.93	51.06	.005	85.10	. 24
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	5.45	5.45	.000	5.45	.00
OTHER SERVICES/ALL X-OVERS	251	579	7,941.01	13.72	.178	31.64	2.44
@PHARMACY	2,665	31,730 \$	997,435.20	\$ 31.44	9.757 \$		
PRESCRIPTION DRUGS	2,657	19,994	984,290.08	49.23	6.148	370.45	302.67
SNF/ICF	2,507	18,659	951,506.14	50.99	5.738	379.54	292.59
OUTPATIENTS	227	1,335	32,783.94	24.56	.411	144.42	10.08
MEDICAL SUPPLIES	155	11,736	13,145.12	1.12	3.609	84.81	4.04
@DENTIST	125	302 \$	17,086.00	\$ 56.58	.093 \$	136.69	\$ 5.25

VISITS - DIAGNOSTIC	100	163	3,566.00	21.88	.050	35.66	1.10
ORAL SURGERY	23	84	2,683.00	31.94	.026	116.65	.83
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	200.00	200.00	.000	200.00	.06
ENDODONTICS	2	2	475.00	237.50	.001	237.50	.15
RESTORATIVE DENTISTRY	10	16	1,199.00	74.94	.005	119.90	.37
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	14	35	8,933.00	255.23	.011	638.07	2.75
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT REPORT	r for Jan	2003 THRU DEC	C 2003	PAGE 9,110
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04

NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG TER	M CARE - TOTAL				
					MONT		
3,252 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	2	4 \$	74.42	\$ 18.61	.001 \$	37.21 \$	.02
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	4	74.42	18.61	.001	37.21	.02
OTHER OPTOMETRIC SERVICES	0	Ō	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
VISITS	0	0	.00	.00	.000	.00	.00
	0	0		.00		.00	.00
OTHER SERVICES	•		.00		.000		
@PODIATRIST	240	247 \$	2,334.56	\$ 9.45	.076 \$	9.73 \$	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	240	247	2,334.56	9.45	.076	9.73	.72
@HOME HEALTH AGENCY	1	2 \$	104.99	\$ 52.50	.001 \$	104.99 \$	.03
NURSE ANESTHESIST	1	24 \$	48.29	\$ 2.01	.007 \$	48.29 \$	.01
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
PEDIATRIC NURSE PRACTITIONER	0	0 Š	.00	\$ .00	.000 \$	.00 \$	.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
@TOTAL HOSPITAL	146	807 \$	56,647.13	\$ 70.19	.248 \$	387.99 \$	
HOSP INPATIENT TOTAL	50	251	43,480.75	173.23	.077	869.62	13.37
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0						
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	50	251	43,480.75	173.23	.077	869.62	13.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	103	556	13,166.38	23.68	.171	127.83	4.05
MEDICAL	2	2	15.84	7.92	.001	7.92	.00
SURGERY	2	2	28.31	14.16	.001	14.16	.01
PATHOLOGY	20	89	882.81	9.92	.027	44.14	.27
RADIOLOGY	4	4	293.59	73.40	.001	73.40	.09
ROOM USE	4	6	406.10	67.68	.002	101.53	.12
CROSSOVERS/ALL OTH OUTPTNT	84	453	11,539.73	25.47	.139	137.38	3.55
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
	~	0	.00	.00	.000 \$	.00 \$	.00
CO HOSPITAL INPATIENT TOTAL	0	0					
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	U	U	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	Ô	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
ROOM USE	· ·	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	g .	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON	TH-OR-PAYMENT, KP	FROKT FOR JAN 2	YUUS THRU DEC	<b>∠</b> ∪∪3	PAGE 9,111
MOP024	FEE-FOR-SERVICE						01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG TER	M CARE - TOTAL				

							M	TNC	HLY AVERA	GE	
3,252 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE				UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	146	807	\$	56,647.13	\$	70.19	.248	\$	387.99	\$	17.42
COMM HOSP INPATIENT TOTAL	50	251		43,480.75		173.23	.077		869.62		13.37
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	50			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	251 0		43,480.75		173.23	.077 .000		869.62 .00		13.37
ALL OTHER INPATIENT	103	556		.00 13,166.38		.00	.171				.00 4.05
COMM HOSP OUTPATIENT TOTAL MEDICAL	2	2		15,166.36		23.68 7.92	.001		127.83 7.92		.00
SURGERY	2	2		28.31		14.16	.001		14.16		.01
PATHOLOGY	20	89		882.81		9.92	.027		44.14		.27
RADIOLOGY	4	4		293.59		73.40	.027		73.40		.09
ROOM USE	4	6		406.10		67.68	.002		101.53		.12
CROSSOVERS/ALL OTH OUTPTNT	84	453		11,539.73		25.47	.139		137.38		3.55
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	٧	.00	٧	.00	.000	٧	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2,760	86,297	\$	8,895,752.69	\$	103.08	26.537	\$	3223.10	\$	2735.47
LEV A-INTERMEDIATE	2,700	0	٧	.00	٧	.00	.000	~	.00	~	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2,760	86,297		8,895,752.69		103.08	26.537		3223.10		2735.47
@INTERMEDIATE CARE FACILDD	24	760	\$	127,406.55	\$	167.64	.234	\$	5308.61	\$	39.18
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	24	760		127,406.55		167.64	.234		5308.61		39.18
@HEMODIALYSIS TOTAL	9	12	\$	4,364.38	\$	363.70		\$	484.93	\$	1.34
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	9	12		4,364.38		363.70	.004		484.93		1.34
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	_	.00		.00	.000		.00		.00
@LABORATORY FACILITY	9	53	\$	314.45	\$	5.93		\$	34.94	\$	.10
PATHOLOGY	.7	47		313.19		6.66	.014		44.74		.10
XO AND OTHERS	2	6	4	1.26	4	.21	.002		.63		.00
@ORGANIZED OUTPATIENT CLINIC	3	4 0	\$	850.81	\$	212.70		\$	283.60	\$	. 26
CLINIC	0			.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	3	4		.00 850.81		.00 212.70	.000		.00 283.60		.00 .26
RURAL HEALTH CLINIC	-	=	7.C N	050.01 MONTH-OF-PAYMENT RI	מת יח יח		.001	חהמ		_	
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE		70 I	MONTH-OF-PAIMENT RE	PORI	FOR JAN 2	2003 IRO .	DEC	2003	E	PAGE 9,112 01/29/04
NEVADA COUNTY		ICES FOR MN - LOI	זכ יו	יידסא מספי _ ייסידאד							01/29/04
NEVADA COUNTI	SUMMARI OF SERV	ICES FOR MIN - LOI	NG I	LERM CARE - IOTAL			M	יידאר	HIV VILL	CF	
3,252 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	2/1/2	PACE COST	UNITS/DAY				COST PER
J, ZJZ ELLGIDLES	CALCO	OR DAYS OF CARE		FVLFUDIIOKF2			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	240	6,899	\$	230,224.10	Ġ.	33.37	2.121		959.27	Ś	70.79
DURABLE MED. EQUIP.	23	207	٧	20,444.05	Y	98.76	.064	Y	888.87	Y	6.29
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	17	19		6,577.46		346.18	.006		386.91		2.02
MEDICAL TRANSPORTATION	41	713		2,612.78		3.66	.219		63.73		.80
		, 13		2,012.70		2.00	• = = >		55.75		.00

AMBULANCES/AIR TRANS	6	29		542.25	18.70	.009	90.3	3	.17
OTHER TRANS	30	644		1,904.73	2.96	.198	63.49	€	.59
OTHER SERVICES	6	40		165.80	4.15	.012	27.63	3	.05
ACUPUNCTURE	0	0		.00	.00	.000	.00	)	.00
ADULT DAY HEALTH CARE CTR	12	217		14,964.53	68.96	.067	1247.0	1	4.60
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	)	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	)	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	)	.00
OPTICIAN	18	38		413.49	10.88	.012	22.9	7	.13
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	)	.00
PORTABLE X-RAY	51	98		162.50	1.66	.030	3.1	)	.05
PROSTHETIST/ORTHOTISTS	3	9		242.80	26.98	.003	80.9	3	.07
PROSTHETICS	3	9		242.80	26.98	.003	80.9	3	.07
ORTHOTICS	0	0		.00	.00	.000	.00	)	.00
PSYCHOLOGIST	1	1		12.01	12.01	.000	12.0	Ĺ	.00
SPEECH AND AUDIOLOGY	9	19		939.15	49.43	.006	104.3	5	.29
HOSPICE SERVICES	48	1,637		181,584.11	110.92	.503	3783.0	)	55.84
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	)	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	)	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	)	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	25	3,941		2,271.22	.58	1.212	90.8		.70
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	) \$	.00
@XOVER EXCLUDING STATE HOSP**	911	11,761	\$	188,121.24	\$ 16.00	3.617	\$ 206.50	) \$	57.85
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE	INFORMATION	ITEM ONLY;						

TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,113 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

NEVADA COUNTI	DOMMART OF DER	VICES FOR MEDICALLI N	EDI AGED				
					-	NTHLY AVERA	
6,155 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	5,470	133,482 \$	10,458,635.82	\$ 78.35	21.687	\$ 1912.00	\$ 1699.21
@PHYSICIANS SERVICES	659	2,334 \$	39,306.70	\$ 16.84	.379	\$ 59.65	\$ 6.39
OUTPATIENT VISITS	16	23	1,088.88	47.34	.004	68.06	.18
OFFICE VISITS	10	10	288.10	28.81	.002	28.81	.05
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	13	800.78	61.60	.002	100.10	.13
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	16	31	1,820.40	58.72	.005	113.78	.30
HOSPITAL VISITS	6	14	660.90	47.21	.002	110.15	.11
CRITICAL CARE	4	8	912.00	114.00	.001	228.00	.15
SNF/ICF/TRANS IP CARE	9	9	247.50	27.50	.001	27.50	.04
OPHTHALMOLOGICAL SERVICES	2	2	115.58	57.79	.000	57.79	.02
EXAMINATIONS	2	2	115.58	57.79	.000	57.79	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	93	7,482.74	80.46	.015	748.27	1.22
PRINCIPAL SURGEON	8	13	5,118.76	393.75	.002	639.85	.83
ASSISTANT SURGEON	2	2	518.61	259.31	.000	259.31	.08
ANESTHESIOLOGIST	4	78	1,845.37	23.66	.013	461.34	.30
OUTPATIENT SURGERY	1	1	1,005.21	1005.21	.000	1005.21	.16
PRINCIPAL SURGEON	1	1	1,005.21	1005.21	.000	1005.21	.16
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	7	91.39	13.06	.001	22.85	.01

RADIOLOGY	17	40	769.46	19.24	.006	45.26	.13
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	3	18.18	6.06	.000	6.06	.00
OTHER SERVICES/ALL X-OVERS	624	2,134	26,914.86	12.61	.347	43.13	4.37
@PHARMACY	4,489	36,648 \$	1,397,842.96	\$ 38.14	5.954		\$ 227.11
PRESCRIPTION DRUGS	4,457	26,681	1,382,539.44	51.82	4.335	310.20	224.62
SNF/ICF	2,420	17,925	878,602.63	49.02	2.912	363.06	142.75
OUTPATIENTS	2,125	8,756	503,936.81	57.55	1.423	237.15	81.87
MEDICAL SUPPLIES	2,123	9,967	15,303.52	1.54	1.619	73.93	2.49
@DENTIST	191	9,967 552 \$	31,782.80	\$ 57.58		\$ 166.40	\$ 5.16
VISITS - DIAGNOSTIC	142	292	5,074.80	17.38	.047	35.74	.82
ORAL SURGERY	32	112	4,467.00	39.88	.018	139.59	.73
DRUGS	0	112	4,467.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
	0	0			.000		.00
PERIODONTICS	0	0	.00 950.00	.00 237.50		.00 237.50	
ENDODONTICS	29	55			.001		.15
RESTORATIVE DENTISTRY	29	55	4,240.00	77.09	.009	146.21	.69
PROSTHETICS	U	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	31	85	17,051.00	200.60	.014	550.03	2.77
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	4	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU I	DEC 2003	PAGE 9,114
MOP024	FEE-FOR-SERVICE						01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	NEEDY - AGED				
					_	ONTHLY AVERAG	
6,155 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		T UNITS/DAYS		COST PER
		OR DAYS OF CARE		PER UNIT/DA		USER	ELIGIBLE
@OPTOMETRIST	38	99 \$	1,819.43	\$ 18.38	.016	\$ 47.88	\$ .30

							M	$\Gamma$ NC	HLY AVERA	GE	
6,155 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	£		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	38	99	\$	1,819.43	\$	18.38	.016	\$	47.88	\$	.30
DIAGNOSTIC AND ANC. PROCED	2	2		94.90		47.45	.000		47.45		.02
EYE APPLIANCES	30	80		1,392.68		17.41	.013		46.42		.23
OTHER OPTOMETRIC SERVICES	10	17		331.85		19.52	.003		33.19		.05
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	270	292	\$	2,886.13	\$	9.88	.047	\$	10.69	\$	.47
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	270	292		2,886.13		9.88	.047		10.69		.47
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	2	33	\$	71.36	\$	2.16	.005	\$	35.68	\$	.01
NURSE MIDWIFE	0	0	\$	.00	\$	.00		\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	3	3	\$	54.30	\$	18.10	.000	\$	18.10	\$	.01
@TOTAL HOSPITAL	416	1,969	\$	149,342.58	\$	75.85	.320	\$	359.00	\$	24.26
HOSP INPATIENT TOTAL	127	413		114,843.83		278.07	.067		904.28		18.66
HSC HOSPITALS	1	6		7,236.00		1206.00	.001		7236.00		1.18
NON-HSC HOSPITAL TOTAL	3	4		10,625.31		2656.33	.001		3541.77		1.73
ACCOMMODATIONS	3	4		2,290.06		572.52	.001		763.35		.37
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	4		2,290.06		572.52	.001		763.35		.37
ANCILLARIES	3	0		8,335.25		.00	.000		2778.42		1.35
INPATIENT CROSSOVERS	123	403		96,982.52		240.65	.065		788.48		15.76
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	305	1,556		34,498.75		22.17	.253		113.11		5.60
MEDICAL	14	19		807.04		42.48	.003		57.65		.13

SURGERY	1	1	177.02	177.02	.000	177.02	.03
PATHOLOGY	30	132	1,443.28	10.93	.021	48.11	.23
RADIOLOGY	8	10	648.83	64.88	.002	81.10	.11
ROOM USE	16	25	943.68	37.75	.004	58.98	.15
CROSSOVERS/ALL OTH OUTPTNT	274	1,369	30,478.90	22.26	.222	111.24	4.95
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 9,115
MOP024	FEE-FOR-SERVICE						01/29/04
NEVADA COUNTY	SUMMARY OF SERV	JICES FOR MEDICALL	Y NEEDY - AGED				
					MON'		-
6,155 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	416	1,969	\$ 149,342.58	\$ 75.85	.320 \$		
COMM HOSP INPATIENT TOTAL	127	413	114,843.83	278.07	.067	904.28	18.66
HSC HOSPITALS	1	6	7,236.00	1206.00	.001	7236.00	1.18
NON-HSC HOSPITALS TOTAL	3	4	10,625.31	2656.33	.001	3541.77	1.73
ACCOMMODATIONS	3	4	2,290.06	572.52	.001	763.35	.37
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	4	2,290.06	572.52	.001	763.35	.37
ANCILLARIES	3	0	8,335.25	.00	.000	2778.42	1.35
INPATIENT CROSSOVERS	123	403	96,982.52	240.65	.065	788.48	15.76
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	305	1,556	34,498.75	22.17	.253	113.11	5.60
MEDICAL	14	19	807.04	42.48	.003	57.65	.13
SURGERY	1	1	177.02	177.02	.000	177.02	.03
PATHOLOGY	30	132	1,443.28	10.93	.021	48.11	. 23
RADIOLOGY	8	10	648.83	64.88	.002	81.10	.11
ROOM USE	16	25	943.68	37.75	.004	58.98	.15
CROSSOVERS/ALL OTH OUTPTNT	274	1,369	30,478.90	22.26	.222	111.24	4.95
@STATE HOSPITAL	0	0 :	\$ .00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2,666	82,685	\$ 8,520,235.83	\$ 103.04	13.434 \$	3195.89	\$ 1384.28
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	02.605	.00	.00	.000	.00	.00
LEV B-REGULAR	2,666	82,685	8,520,235.83	103.04	13.434	3195.89	1384.28
@INTERMEDIATE CARE FACILDD	U		\$ .00	\$ .00	.000 \$	.00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPINT	274	1,369	30,478.90	)	22.26	. 222		111.24		4.95	
@STATE HOSPITAL	0	0 \$	.00	) \$	.00	.000	\$	.00	\$	.00	
MENTALLY ILL	0	0	.00	)	.00	.000		.00		.00	
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00	
@NURSING FACILITY	2,666	82,685	8,520,235.83	\$	103.04	13.434	\$	3195.89	\$	1384.28	
LEV A-INTERMEDIATE	0	0	.00	)	.00	.000		.00		.00	
LEV B-REHAB MD	0	0	.00	)	.00	.000		.00		.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	)	.00	.000		.00		.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	)	.00	.000		.00		.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	)	.00	.000		.00		.00	
LEV B-REGULAR	2,666	82,685	8,520,235.83	3	103.04	13.434		3195.89		1384.28	
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	) \$	.00	.000	\$	.00	\$	.00	
ICF DDH	0	0	.00	)	.00	.000		.00		.00	
ICF DD	0	0	.00	)	.00	.000		.00		.00	
ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00	
@HEMODIALYSIS TOTAL	10	17	5,913.97	7 \$	347.88	.003	\$	591.40	\$	.96	
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00	
HEMODIALYSIS CENTER	10	17	5,913.97		347.88	.003		591.40		.96	
@REHABILITATION FACILITY	0	0 \$	.00	) \$	.00	.000	\$	.00	\$	.00	
HOSPITAL BASED	0	0	.00	)	.00	.000		.00		.00	
INDEPENDENT FACILITY	0	0	.00	)	.00	.000		.00		.00	
@LABORATORY FACILITY	5	15	115.75		7.72	.002	\$	23.15	\$	.02	
PATHOLOGY	1	5	53.61		10.72	.001		53.61		.01	
XO AND OTHERS	4	10	62.14		6.21	.002		15.54		.01	
@ORGANIZED OUTPATIENT CLINIC	94	167	18,632.53		111.57	.027	\$	198.22	\$	3.03	
CLINIC	1	1	22.41		22.41	.000		22.41		.00	
SURGICENTER	2	2	408.35	5	204.18	.000		204.18		.07	
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00	
RURAL HEALTH CLINIC	91	164	18,201.77		110.99	.027		200.02		2.96	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	S MONTH-OF-PAYMENT	REPORT	r for Jan	2003 THRU	DEC	2003	P	AGE 9,116	

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

					MON	THLY AVERAC	GE
6,155 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	517	8,668 \$	290,631.48	\$ 33.53	1.408 \$	562.15	\$ 47.22
DURABLE MED. EQUIP.	25	179	15,094.17	84.32	.029	603.77	2.45
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	30	37	12,453.99	336.59	.006	415.13	2.02
MEDICAL TRANSPORTATION	51	746	3,058.19	4.10	.121	59.96	.50
AMBULANCES/AIR TRANS	10	72	851.96	11.83	.012	85.20	.14
OTHER TRANS	35	688	2,077.11	3.02	.112	59.35	.34
OTHER SERVICES	7	14CR	129.12	9.22CR	.002CR	18.45	.02
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	72	874	60,176.49	68.85	.142	835.78	9.78
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	63	134	1,605.01	11.98	.022	25.48	.26
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	53	97	158.69	1.64	.016	2.99	.03
PROSTHETIST/ORTHOTISTS	17	50	731.21	14.62	.008	43.01	.12
PROSTHETICS	17	50	731.21	14.62	.008	43.01	.12
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	12.01	12.01	.000	12.01	.00
SPEECH AND AUDIOLOGY	13	16	3,206.71	200.42	.003	246.67	.52
HOSPICE SERVICES	50	1,641	182,021.91	110.92	.267	3640.44	29.57
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	166	4,893	12,113.10	2.48	.795	72.97	1.97
@CALIF. CHILDREN SERVICES*	1	4 \$	55.78	\$ 13.95	.001 \$	55.78	\$ .01
@XOVER EXCLUDING STATE HOSP**	1,627	11,490 \$	304,012.31	\$ 26.46	1.867 \$	186.85	\$ 49.39
* TOTAL OF THE TIPE TARE ADD CTV	ואר אים א מבים או	ATT TATE TATE OF A TOTAL ATTACK	NTT 37 •				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,117
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

----- MONTHLY AVERAGE -----68 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 137,863.96 31.882 \$ 2553.04 \$ 2027.41 @TOTAL, ALL PROVIDERS 54 2,168 \$ 63.59 3 11 154.27 14.02 .162 \$ 51.42 \$ 2.27 @PHYSICIANS SERVICES .00 .00 .000 .00 .00 OUTPATIENT VISITS .00 OFFICE VISITS 0 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOME VISITS 0 0 .00 .00 .000 .00 EMERGENCY ROOM 0 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .00 OB VISITS/COMPRE PERI .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 CRITICAL CARE SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 0 .000 0 .00 .00 .000 .00 .00 EXAMINATIONS SERVICES AND MATERIALS .00 .00 .000 .00 .00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	Õ		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0	0									
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	U	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	11	_	154.27	_	14.02	.162	_	51.42		2.27
@PHARMACY	48	1,069	\$	13,507.52	\$	12.64	15.721	\$	281.41	Ş	198.64
PRESCRIPTION DRUGS	48	331		12,960.02		39.15	4.868		270.00		190.59
SNF/ICF	33	258		9,169.41		35.54	3.794		277.86		134.84
OUTPATIENTS	15	73		3,790.61		51.93	1.074		252.71		55.74
MEDICAL SUPPLIES	2	738		547.50		.74	10.853		273.75		8.05
@DENTIST	4	17	\$	1,386.00	\$	81.53	.250	\$	346.50	\$	20.38
VISITS - DIAGNOSTIC	2	3		75.00		25.00	.044		37.50		1.10
ORAL SURGERY	1	10		411.00		41.10	.147		411.00		6.04
DRUGS	1	2		.00		.00	.029		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	2		900.00		450.00	.029		900.00		13.24
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	RES I	MONTH-OF-PAYMENT R	EPOR'			DEC 2		Р	AGE 9,118
MOP024	FEE-FOR-SERVICE	:/DENTAL	-		_						01/29/04
NEVADA COUNTY		ICES FOR MEDICAL	LLY i	NEEDY - BLIND							-,, <b></b> ,
	COLUMN OF OTHER			··			M	ONTHI	LY AVERA	GE	
68 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AV.	ERAGE COST	UNITS/DAY	-		_	COST PER

								1111 1111111		
USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
	OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
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3	3									.26
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3	4	¢.		Ġ.			Ġ		Ġ	18.56
2	2	Y		Ą			Ą		Ą	18.42
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	USERS  0 0 0 0 0 0 0 0 0 3 0 0 0 0 3 2 0 0 0 3 2 0 0 0 0		OR DAYS OF CARE  0 0 \$ .00 \$ .00 \$ .00 .000  0 0 .00 .00 .00 .000  0 0 .00 .0	OR DAYS OF CARE  O	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           0         0         \$         .00         \$         .00	OR DAYS OF CARE  O				

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	3	1,252.25	417.42	.044	626.13	18.42
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1	9.63	9.63	.015	9.63	.14
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	9.63	9.63	.015	9.63	.14
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 9,119
MOP024	FEE-FOR-SERVICE/	DENTAL					01/29/04
NEVADA COUNTY	SUMMARY OF SERVI	CES FOR MEDICALLY	NEEDY - BLIND				
					MON	THLY AVERA	GE
68 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE

					MONI	TIDI AVEKAGE	
68 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	4 \$	1,261.88	\$ 315.47	.059 \$	420.63 \$	18.56
COMM HOSP INPATIENT TOTAL	2	3	1,252.25	417.42	.044	626.13	18.42
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	3	1,252.25	417.42	.044	626.13	18.42
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	ĺ	1	9.63	9.63	.015	9.63	.14
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	ĺ	1	9.63	9.63	.015	9.63	.14
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
,,	· ·	, and the second				. 00	

@NURSING FACILITY	19	537	\$	54,093.57	\$	100.73	7.897	\$	2847.03	\$	795.49
LEV A-INTERMEDIATE	0	0	•	.00	•	.00	.000	-	.00	•	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	19	537		54,093.57		100.73	7.897		2847.03		795.49
@INTERMEDIATE CARE FACILDD	12	377	\$	64,665.98	\$	171.53	5.544	\$	5388.83	\$	950.97
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	12	377		64,665.98		171.53	5.544		5388.83		950.97
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00

INDEPENDENT FACILITY	0	0	.00	)	.00	.000	.00		.00
@LABORATORY FACILITY	0	0	.00	) \$	.00	.000	\$ .00	\$	.00
PATHOLOGY	0	0	.00	)	.00	.000	.00		.00
XO AND OTHERS	0	0	.00	)	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	.00	) \$	.00	.000	\$ .00	\$	.00
CLINIC	0	0	.00	)	.00	.000	.00		.00
SURGICENTER	0	0	.00	)	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00	)	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00	)	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURE:	S MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC 2003	PAGE	9,120
MOP024	FEE-FOR-SERVICE/DENT	'AL						01	/29/04
NEVADA COUNTY	SUMMARY OF SERVICES	FOR MEDICALLY	NEEDY - BLIND						
						M	ONTHLY AVERA	GE	

68 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	7	76 \$	568.92	\$ 7.49	1.118 \$	81.27	\$ 8.37
DURABLE MED. EQUIP.	2	9	79.50	8.83	.132	39.75	1.17
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	20	88.68	4.43	.294	29.56	1.30
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	20	88.68	4.43	.294	29.56	1.30
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	3	2.26	.75	.044	2.26	.03
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	264.20	66.05	.059	132.10	3.89
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	40	134.28	3.36	.588	134.28	1.97
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	11	38 \$	1,662.55	\$ 43.75	.559 \$	151.14	\$ 24.45
* TOTAL THE THEOR LINES ADD CIV	ENT AC A CEDAT	ATT TATEODMATTON THEM ON		•	•		•

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,121 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

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							MO	NT	HLY AVERA	.GE	
3,265 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVER	RAGE COST	UNITS/DAYS		COST PER		COST PER
		OR DAYS OF CARE	:		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2,725	77,981	\$	3,442,875.64	\$	44.15	23.884	\$	1263.44	\$	1054.48
@PHYSICIANS SERVICES	750	2,859	\$	99,142.79	\$	34.68	.876	\$	132.19	\$	30.37
OUTPATIENT VISITS	303	517		18,255.23		35.31	.158		60.25		5.59
OFFICE VISITS	228	363		9,940.36		27.38	.111		43.60		3.04
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	87	125		7,599.84		60.80	.038		87.35		2.33

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
	26	29		715.03		24.66	.009		27.50		.22
OTHER OUTPATIENT											
INPATIENT VISITS	93	319		14,914.61		46.75	.098		160.37		4.57
HOSPITAL VISITS	60	258		11,425.08		44.28	.079		190.42		3.50
CRITICAL CARE	10	19		2,185.00		115.00	.006		218.50		.67
SNF/ICF/TRANS IP CARE	35	42		1,304.53		31.06	.013		37.27		.40
OPHTHALMOLOGICAL SERVICES	7	7		347.78		49.68	.002		49.68		.11
EXAMINATIONS	7	7		347.78		49.68	.002		49.68		.11
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
						.00					
INPATIENT HOSPITAL SURGERY	28	126		8,172.26		64.86	.039		291.87		2.50
PRINCIPAL SURGEON	22	32		6,158.64		192.46	.010		279.94		1.89
ASSISTANT SURGEON	3	3		361.12		120.37	.001		120.37		.11
ANESTHESIOLOGIST	8	91		1,652.50		18.16	.028		206.56		.51
OUTPATIENT SURGERY	54	99		12,280.48		124.05	.030		227.42		3.76
PRINCIPAL SURGEON	50	60		10,755.42		179.26	.018		215.11		3.29
ASSISTANT SURGEON	2	2		489.20		244.60	.001		244.60		.15
ANESTHESIOLOGIST	8	37		1,035.86		28.00	.011		129.48		.32
DIALYSIS	5	25		710.72		28.43	.008		142.14		.22
PATHOLOGY	60	164		2,733.56		16.67	.050		45.56		.84
RADIOLOGY	144	344		14,420.33		41.92	.105		100.14		4.42
	0	0		.00		.00	.000		.00		.00
PSYCHIATRY											
IMMUNIZATION AND INJECTION	25	177		3,557.61		20.10	.054		142.30		1.09
OTHER SERVICES/ALL X-OVERS	406	1,081		23,750.21		21.97	.331		58.50		7.27
@PHARMACY	2,188	26,422	\$	1,616,472.67	\$	61.18	8.092	\$	738.79	Ś	495.09
PRESCRIPTION DRUGS	2,160	10,536	~	1,587,284.65	~	150.65	3.227	~	734.85	τ.	486.15
SNF/ICF	240	1,630		122,776.51		75.32	.499		511.57		37.60
OUTPATIENTS	1,928	8,906		1,464,508.14		164.44	2.728		759.60		448.55
MEDICAL SUPPLIES	180	15,886		29,188.02		1.84	4.866		162.16		8.94
@DENTIST	187		\$	36,121.24	\$	49.82		\$	193.16	¢	11.06
			Ÿ		Ÿ			Y		Ÿ	
VISITS - DIAGNOSTIC	117	391		5,537.00		14.16	.120		47.32		1.70
ORAL SURGERY	36	115		5,479.00		47.64	.035		152.19		1.68
DRUGS	2	3		55.00		18.33	.001		27.50		.02
ANESTHESIA	1 6	1		100.00		100.00	.000		100.00		.03
PERIODONTICS	6	6		1,000.00		166.67			166.67		.31
	0						.002				
ENDODONTICS	9	13		1,933.00		148.69	.004		214.78		.59
RESTORATIVE DENTISTRY	68	157		16,641.24		106.00	.048		244.72		5.10
PROSTHETICS	2	2		60.00		30.00	.001		30.00		.02
DENTURES, STAYPLATES	14	37		5,316.00		143.68	.011		379.71		1.63
				•							
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
		_									
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	SI	MONTH-OF-PAYMENT RI	EPOR	T FOR JAN 2	2003 THRU 1	DEC	2003	PI	AGE 9,122
MOP024	FEE-FOR-SERVICE	:/DENTAL									01/29/04
NEVADA COUNTY		ICES FOR MEDICALL	vi	MEEDV - DICARLED							- , - , -
NEVADA COUNTI	SOMMAKI OF SERV	TCES FOR MEDICALL		NEEDI DISADDED			3.4	\\ TIT	TIT 37 A 37755 A	αn	
							Mo				
3,265 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ΑV	ERAGE COST	UNITS/DAY:	S	COST PER	(	COST PER
		OR DAYS OF CARE			PΕ	R UNIT/DAY	PER ELIG		USER	I	ELIGIBLE
@OPTOMETRIST	65		\$	3,304.49	\$	20.91	.048	\$	50.84		1.01
			~		Y			Y		Y	
DIAGNOSTIC AND ANC. PROCED	19	19		860.90		45.31	.006		45.31		. 26
EYE APPLIANCES	49	131		2,176.13		16.61	.040		44.41		.67
OTHER OPTOMETRIC SERVICES	8	8		267.46		33.43	.002		33.43		.08
@CHIROPRACTOR	1		\$	16.72	\$	8.36	.001	\$	16.72	\$	.01
	0		~		Y			Y		~	
VISITS		0		.00		.00	.000		.00		.00
OTHER SERVICES	1	2		16.72		8.36	.001		16.72		.01
@PODTATRIST	31	3.4		501 47		14 75	010	-	16 18		15

501.47

105.20

.00

14.75

35.07

.00

.010 \$

.001

.000

16.18 \$

.00

52.60

.15

.03

.00

SURGERY/ANES.

MEDICINE/INJECTIONS

31

2

0

34 3 0

@PODIATRIST

RADIO./PATHOLOGY	0	0		.00		0.0	.000		0.0		0.0
OTHER	29	31		396.27		.00 12.78	.000		.00 13.66		.00 .12
			4		4			4		4	
@HOME HEALTH AGENCY	25	3,286	Ş	94,751.18	\$	28.83	1.006	\$	3790.05	\$	29.02
NURSE ANESTHESIST	3	49	Ş	120.80	\$	2.47	.015	\$	40.27	\$	.04
NURSE MIDWIFE	0	0	Ş	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	4	4	\$	51.92	\$	12.98	.001	\$	12.98	\$	.02
@TOTAL HOSPITAL	563	3,749	\$	540,984.45	\$	144.30	1.148	\$	960.90	\$	165.69
HOSP INPATIENT TOTAL	77	520		466,293.27		896.72	.159		6055.76		142.82
HSC HOSPITALS	13	104		123,275.00		1185.34	.032		9482.69		37.76
NON-HSC HOSPITAL TOTAL	37	137		322,574.85		2354.56	.042		8718.24		98.80
ACCOMMODATIONS	37	137		82,742.06		603.96	.042		2236.27		25.34
ADMINISTRATIVE DAYS	1	3		2,436.00		812.00	.001		2436.00		.75
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	36	134		80,306.06		599.30	.041		2230.72		24.60
ANCILLARIES	37	0		239,832.79		.00	.000		6481.97		73.46
	28	279				73.27	.085		730.12		6.26
INPATIENT CROSSOVERS				20,443.42							
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	511	3,229		74,691.18		23.13	.989		146.17		22.88
MEDICAL	69	93		4,084.32		43.92	.028		59.19		1.25
SURGERY	38	41		1,635.28		39.88	.013		43.03		.50
PATHOLOGY	193	896		11,226.41		12.53	.274		58.17		3.44
RADIOLOGY	110	285		22,070.53		77.44	.087		200.64		6.76
ROOM USE	153	237		9,515.82		40.15	.073		62.19		2.91
CROSSOVERS/ALL OTH OUTPINT	291	1,677		26,158.82		15.60	.514		89.89		8.01
@COUNTY HOSPITAL TOTAL	8	65	\$	49,983.21	\$	768.97	.020	\$	6247.90	\$	15.31
CO HOSPITAL INPATIENT TOTAL	1	36		48,672.00		1352.00	.011		48672.00		14.91
HSC HOSPITALS	1	36		48,672.00		1352.00	.011		48672.00		14.91
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	Õ		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	7	29									
CO HOSP OUTPATIENT TOTAL	/			1,311.21		45.21	.009		187.32		.40
MEDICAL	4	5 1		239.92		47.98	.002		59.98		.07
SURGERY	1			25.15		25.15	.000		25.15		.01
PATHOLOGY	Ŧ	4		31.20		7.80	.001		31.20		.01
RADIOLOGY	5	12		772.33		64.36	.004		154.47		. 24
ROOM USE	6	7		242.61		34.66	.002		40.44		.07
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			S M	ONTH-OF-PAYMENT RE	EPOR'	T FOR JAN	2003 THRU	DEC	2003	P7	AGE 9,123
MOP024	FEE-FOR-SERVICE										01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MEDICALL	Y N	EEDY - DISABLED							
								-	THLY AVERA	_	
3,265 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER	(	COST PER
		OR DAYS OF CARE			PE:	R UNIT/DAY	PER ELIG		USER	I	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	555	3,684	\$	491,001.24	\$	133.28	1.128	\$	884.69	\$	150.38
COMM HOSP INPATIENT TOTAL	76	484		417,621.27		862.85	.148		5495.02		127.91
HSC HOSPITALS	12	68		74,603.00		1097.10	.021		6216.92		22.85
NON-HSC HOSPITALS TOTAL	37	137		322,574.85		2354.56	.042		8718.24		98.80
ACCOMMODATIONS	37	137		82,742.06		603.96	.042		2236.27		25.34
ADMINISTRATIVE DAYS	1	3		2,436.00		812.00	.001		2436.00		.75
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	36	134		80,306.06		599.30	.041		2230.72		24.60
ANCILLARIES	37	0		239,832.79		.00	.000		6481.97		73.46
INPATIENT CROSSOVERS	28	279		20,443.42		73.27	.085		730.12		6.26
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
ADD OTHER INPATIENT	U	U		.00		.00	.000		.00		.00

COMM HOSP OUTPATIENT TOTAL	504	3,200			73,379.97		22.93	.980		145.60		22.47
MEDICAL	65	88			3,844.40		43.69	.027		59.14		1.18
SURGERY	37	40			1,610.13		40.25	.012		43.52		.49
PATHOLOGY	192	892			11,195.21		12.55	.273		58.31		3.43
RADIOLOGY	105	273			21,298.20		78.02	.084		202.84		6.52
ROOM USE	147	230			9,273.21		40.32	.070		63.08		2.84
CROSSOVERS/ALL OTH OUTPTNT		1,677			26,158.82		15.60	.514		89.89		8.01
@STATE HOSPITAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	227	6,962	\$		799,416.33	\$	114.83	2.132	\$	3521.66	\$	244.84
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	227	6,962			799,416.33		114.83	2.132		3521.66		244.84
@INTERMEDIATE CARE FACILDD	12	383	\$		62,740.57	\$	163.81	.117	\$	5228.38	\$	19.22
ICF DDH	0	0			.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	12	383			62,740.57		163.81	.117		5228.38		19.22
@HEMODIALYSIS TOTAL	20	87	\$		9,021.11	\$	103.69	.027	\$	451.06	\$	2.76
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	20	87			9,021.11		103.69	.027		451.06		2.76
@REHABILITATION FACILITY	4	19	\$		514.39	\$	27.07	.006	\$	128.60	\$	.16
HOSPITAL BASED	1	11			388.44		35.31	.003		388.44		.12
INDEPENDENT FACILITY	3	8			125.95		15.74	.002		41.98		.04
@LABORATORY FACILITY	35	163	\$		1,730.07	\$	10.61	.050	\$	49.43	\$	.53
PATHOLOGY	35	163			1,730.07		10.61	.050		49.43		.53
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	187	336	\$		38,952.47	\$	115.93	.103	\$	208.30	\$	11.93
CLINIC	4	4	•		80.83	•	20.21	.001	-	20.21	-	.02
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	183	332			38,871.64		117.08	.102		212.41		11.91
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES	MONTH-C	F-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	GE 9,124
MOP024	FEE-FOR-SERVICE	/DENTAL										01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MEDICA	ALLY	NEEDY -	DISABLED							
								M	ONT	HLY AVERA	GE -	
2 26E BITGIDIBG	HOEDO	INTERC OF CERTIFIC	αn	T1 3.		7. 7. 7. 7.	DAGE GOOD	T TINTE TO / D 7 37	С.	COCH DED		OCH DED

3,265 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	337	32,743 \$	139,032.97	\$ 4.25	10.028 \$	412.56	\$ 42.58
DURABLE MED. EQUIP.	51	193	19,125.29	99.09	.059	375.01	5.86
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	125.00	125.00	.000	125.00	.04
MEDICAL TRANSPORTATION	54	1,337	21,283.67	15.92	.409	394.14	6.52
AMBULANCES/AIR TRANS	51	1,298	12,158.41	9.37	.398	238.40	3.72
OTHER TRANS	1	20	50.99	2.55	.006	50.99	.02
OTHER SERVICES	7	19	9,074.27	477.59	.006	1296.32	2.78
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	46	728	38,606.79	53.03	.223	839.28	11.82
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	68	154	1,756.67	11.41	.047	25.83	.54
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	4	6.07	1.52	.001	2.02	.00
PROSTHETIST/ORTHOTISTS	26	64	11,929.87	186.40	.020	458.84	3.65
PROSTHETICS	26	64	11,929.87	186.40	.020	458.84	3.65
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	9	19	795.91		41.89	.006	88.43	.24
HOSPICE SERVICES	3	7	2,307.43	3	329.63	.002	769.14	.71
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	40	15,998	31,004.13		1.94	4.900	775.10	9.50
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	57	14,238	12,092.14		.85	4.361	212.14	3.70
@CALIF. CHILDREN SERVICES*	19	1,649	\$ 14,781.49	\$	8.96	.505	\$ 777.97	\$ 4.53
@XOVER EXCLUDING STATE HOSP**	557	7,405	\$ 89,860.15	\$	12.14	2.268	\$ 161.33	\$ 27.52

01/29/04

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,125 MOP024 FEE-FOR-SERVICE/DENTAL

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

USERS UNITS OF SERVICE

OR DAYS OF CARE

35,533 ELIGIBLES

NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	NEEL	DY - FAMILIES							
									HLY AVERAC	_	
@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES OUTPATIENT VISITS OFFICE VISITS HOME VISITS EMERGENCY ROOM PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY:				COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	16,684	103,041 \$		5,426,893.50	\$	52.67	2.900		325.28		152.73
@PHYSICIANS SERVICES	7,925	19,699 \$			\$	38.26	.554	\$	95.09	\$	21.21
OUTPATIENT VISITS	6,278	8,731		306,786.94		35.14	.246		48.87		8.63
OFFICE VISITS	4,425	5,712		169,805.42		29.73	.161		38.37		4.78
HOME VISITS	0			.00		.00	.000		.00		.00
EMERGENCY ROOM	2,217	2,774		123,927.66		44.67	.078		55.90		3.49
PREVENTIVE CARE	, 4	, 4		209.82		52.46	.000		52.46		.01
OR VISITS/COMPRE DERI	77	124		9 506 64		76.67	.003		123.46		.27
OF VIBILEY COMMED THE	110	117		3 337 40		28.52	.003		30.34		.09
TNDATTENT VICITO	201	962		5,557.40 52,674.94		61.04	.024		181.01		1.48
INCADIMAI VISIIS	271	663		20 020 01		42.92			101.19		.79
HUSPIIAL VISIIS	2//	003		28,029.91			.018				
CRITICAL CARE	∠6	208		24,589.93		118.22 27.50	.006		945.77		.69
SNF/ICF/TRANS IP CARE	_ ±	2		55.00		27.50	.000		55.00		.00
OPHTHALMOLOGICAL SERVICES	88	94		4,536.88		48.26	.003		51.56		.13
EXAMINATIONS	87	93		4,511.88		48.51	.003		51.86		.13
SERVICES AND MATERIALS	1	1		25.00		25.00	.000		25.00		.00
INPATIENT HOSPITAL SURGERY	242	1,104		127,488.17		115.48	.031		526.81		3.59
PRINCIPAL SURGEON	160	192		104,174.85		542.58	.005		651.09		2.93
ASSISTANT SURGEON	25	23		4,181.91		181.82	.001		167.28		.12
ANESTHESIOLOGIST	90	889		19,131.41		21.52	.025		212.57		.54
OUTPATIENT SURGERY	702	1,385		98,303.56		70.98	.039		140.03		2.77
PRINCIPAL SURGEON	630	793		83.211.44		104.93	.022		132.08		2.34
ASSISTANT SURGEON	3	0 2,774 4 124 117 863 653 208 2 94 93 1 1,104 192 23 889 1,385 793 3 589 14 1,308 2,384 484		238 28		79.43	.000		79.43		.01
ANESTHESTOLOGIST	119	589		14 853 84		25.22	.017		124.82		.42
DIAL.VOIQ	2	14		315 86		22.56	.000		157.93		.01
DATHOLOCY	002	1 200		10 524 71		14.17	.037		21.01		.52
PADIOLOGY	1 504	2,300		10,334.71		28.25	.067		42.25		1.90
RADIOLOGI	1,594	2,304		07,339.13							.01
PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY	4	4 0 4		18,379.22		50.33	.000		50.33		
IMMUNIZATION AND INJECTION	251	484		18,3/9.22		37.97	.014		73.22		.52
		3,320		39,030.30		17.74	.094	_	71.04		1.66
@PHARMACY	8,168			1,604,383.80	Ş	45.15	1.000	Ş	196.42	\$	45.15
PRESCRIPTION DRUGS	8,124	18,819		1,141,933.95		60.68	.530		140.56		32.14
SNF/ICF	17	54		2,124.81		39.35	.002		124.99		.06
OUTPATIENTS	8,112	18,765		1,139,809.14		60.74	.528		140.51		32.08
MEDICAL SUPPLIES	166	16,716		462,449.85		27.67	.470		2785.84		13.01
@DENTIST	1,551	6,273 \$		253,843.35	\$	40.47	.177	\$		\$	7.14
VISITS - DIAGNOSTIC	1,059	3,690		62,314.95		16.89	.104		58.84		1.75
ORAL SURGERY	192	497		28,615.00		57.58	.014		149.04		.81
@PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS	104	126		2,723.75 1,100.00 2,292.00		21.62	.004		26.19		.08
ANESTHESIA	12	13		1,100.00		84.62	.000		91.67		.03
PERIODONTICS	18	19		2 292 00		120.63	.001		127.33		.06
ENDODONTICS	128	231 1,507		38,299.50 99,068.15		165.80	.007		299.21		1.08
PESTODATIVE DENTISTRY	569	1 507		99 068 15		65.74	.042		174.11		2.79
DDOCTUTTICC	302	3		00 00		30.00	.000		30.00		.00
DENTITIES CTANDIATEC	26	45		12,031.00		267.36	.001		462.73		.34
DENIURES, STATPLATES	20			12,031.00							
SPACE MAINIAINERS	18			2,471.00		130.05	.001		137.28		
PROTECTION BENVICES	_	1		48.00		48.00	.000		48.00		.00
FRACTURES, DISLOCATIONS	2	2		1,900.00		950.00	.000		950.00		.05
ORTHODONTIC SERVICES	33	40		2,740.00		68.50	.001		83.03		.08
ALL OTHER SERVICES	41	80		150.00		1.88	.002		3.66		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	LNOM	TH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU 1	DEC	2003	PΙ	AGE 9,126
MOP024	FEE-FOR-SERVICE										01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	NEEL	OY - FAMILIES							
									HLY AVERAC	GE ·	
OF FOO BETAIDING	TTORRO	INTERO OF CERTIFICE			77777	ACE COCE	TINTERO / DANG	~	COOM DED		COCH DED

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

PER UNIT/DAY PER ELIG USER

ELIGIBLE

@OPTOMETRIST	392	1,140	\$	26,612.62	\$	23.34	.032	\$	67.89	\$	.75
DIAGNOSTIC AND ANC. PROCED	291	292	۲	13,770.48	Υ.	47.16	.008	٧	47.32	~	.39
EYE APPLIANCES	296	831		12,290.95		14.79	.023		41.52		.35
OTHER OPTOMETRIC SERVICES	14	17		551.19		32.42	.000		39.37		.02
@CHIROPRACTOR	211	332	\$	5,505.06	\$	16.58	.009	\$	26.09	\$	.15
VISITS	211	332		5,505.06		16.58	.009		26.09		.15
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	31	48	\$	1,400.78	\$	29.18	.001	\$	45.19	\$	.04
MEDICINE/INJECTIONS	29	40		1,254.46		31.36	.001		43.26		.04
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	3	5		81.32		16.26	.000		27.11		.00
OTHER	3	3		65.00		21.67	.000		21.67		.00
@HOME HEALTH AGENCY	35	139	\$	9,400.49	\$	67.63	.004	\$	268.59	\$	.26
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	21	54	Ş	3,438.71	\$	63.68	.002	\$	163.75	\$	.10
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	170	214	Ş	5,341.24	\$	24.96	.006	\$	31.42	Ş	.15
@TOTAL HOSPITAL	4,591	21,509	Ş	2,200,734.70	Ş	102.32	.605	\$	479.36 5346.76	\$	61.93
HOSP INPATIENT TOTAL HSC HOSPITALS	310 44	1,160 242		1,657,496.80 324,003.08		1428.88 1338.86	.033		7363.71		46.65 9.12
NON-HSC HOSPITAL TOTAL	257	891		1,326,766.92		1489.08	.025		5162.52		37.34
ACCOMMODATIONS	257	891		375,414.98		421.34	.025		1460.76		10.57
ADMINISTRATIVE DAYS	1	4		3,248.00		812.00	.000		3248.00		.09
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	257	887		372,166.98		419.58	.025		1448.12		10.47
ANCILLARIES	257	0		951,351.94		.00	.000		3701.76		26.77
INPATIENT CROSSOVERS	9	27		6,726.80		249.14	.001		747.42		.19
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4,435	20,349		543,237.90		26.70	.573		122.49		15.29
MEDICAL	574	726		27,707.40		38.16	.020		48.27		.78
SURGERY	447	498		12,911.21		25.93	.014		28.88		.36
PATHOLOGY	1,778	6,329		82,610.65		13.05	.178		46.46		2.32
RADIOLOGY	1,246	1,667		116,316.99		69.78	.047		93.35		3.27
ROOM USE	3,073	4,350		164,036.15		37.71	.122		53.38		4.62
CROSSOVERS/ALL OTH OUTPTNT	1,896	6,779		139,655.50	_	20.60	.191	_	73.66	_	3.93
@COUNTY HOSPITAL TOTAL	6	20	\$	916.72	\$	45.84		\$	152.79	Ş	.03
CO HOSPITAL INPATIENT TOTAL	0	0 0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	6	20		916.72		45.84	.001		152.79		.03
MEDICAL	2	4		167.31		41.83	.000		83.66		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	5		48.39		9.68	.000		48.39		.00
RADIOLOGY	2	3		70.67		23.56	.000		35.34		.00
ROOM USE	3	3		115.75		38.58	.000		38.58		.00
CROSSOVERS/ALL OTH OUTPTNT	5	5		514.60		102.92	.000		102.92		.01
#CALIF DEPT OF HEALTH SERV			ES M	IONTH-OF-PAYMENT RI	EPOR	T FOR JAN	2003 THRU	DEC	2003	PA	GE 9,127
MOP024	FEE-FOR-SERVICE										01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MEDICAL	ьх Г	HEEDY - FAMILIES			ъл	ستر	ערט אנודע אוו	CE	
35,533 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	<b>∆</b> ₹7	ERAGE COST	M UNITS/DAY				OST PER
33,333 111011110	ODDING	OR DAYS OF CARE					PER ELIG		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,588	21,489	\$	2,199,817.98	\$	102.37	.605		479.47		61.91
	•	•	-	•	•			•			

COMM HOSP INPATIENT TOTAL	310	1,160		1,657,496.80		1428.88	.033		5346.76		46.65
HSC HOSPITALS	44	242		324,003.08		1338.86	.007		7363.71		9.12
NON-HSC HOSPITALS TOTAL	257	891		1,326,766.92		1489.08	.025		5162.52		37.34
ACCOMMODATIONS	257	891		375,414.98		421.34	.025		1460.76		10.57
ADMINISTRATIVE DAYS	1	4		3,248.00		812.00	.000		3248.00		.09
	0	0		.00			.000		.00		.00
TRANSITIONAL IP CARE	-	-				.00					
ALL OTHER ACCOM	257	887		372,166.98		419.58	.025		1448.12		10.47
ANCILLARIES	257	0		951,351.94		.00	.000		3701.76		26.77
INPATIENT CROSSOVERS	9	27		6,726.80		249.14	.001		747.42		.19
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4,431	20,329		542,321.18		26.68	.572		122.39		15.26
MEDICAL	573	722		27,540.09		38.14	.020		48.06		.78
SURGERY	447	498		12,911.21		25.93	.014		28.88		.36
PATHOLOGY	1,778	6,324		82,562.26		13.06	.178		46.44		2.32
RADIOLOGY	1,245	1,664		116,246.32		69.86	.047		93.37		3.27
ROOM USE	3,071	4,347		163,920.40		37.71	.122		53.38		4.61
CROSSOVERS/ALL OTH OUTPTNT		6,774		139,140.90		20.54	.191		73.50		3.92
	0		۲.		4			4		4	
@STATE HOSPITAL			\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1		\$	7,143.02	\$	115.21	.002	\$	7143.02	\$	.20
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	62		7,143.02		115.21	.002		7143.02		.20
@INTERMEDIATE CARE FACILDD	0		\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0	٧	.00	Y	.00	.000	Y	.00	Y	.00
ICF DD	0	0		.00		.00	.000		.00		.00
	0										
ICF DDN/DDCN		0	_	.00	_	.00	.000	_	.00	_	.00
@HEMODIALYSIS TOTAL	17		\$	7,324.65	\$	97.66	.002	Ş	430.86	Ş	. 21
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	17	75		7,324.65		97.66	.002		430.86		.21
@REHABILITATION FACILITY	11		\$	1,097.52	\$	29.66	.001	\$	99.77	\$	.03
HOSPITAL BASED	6	12		727.24		60.60	.000		121.21		.02
INDEPENDENT FACILITY	5	25		370.28		14.81	.001		74.06		.01
@LABORATORY FACILITY	703	1,538	\$	29,296.37	\$	19.05	.043	Ś	41.67	\$	.82
PATHOLOGY	703	1,538	•	29,296.37	•	19.05	.043	•	41.67	•	.82
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,768		\$	393,397.73	\$	115.03	.096	Ś	222.51	Ś	11.07
CLINIC	309	939	Y	25,152.47	٧	26.79	.026	Y	81.40	Y	.71
	27	149		4,151.44		27.86	.004		153.76		.12
SURGICENTER	1			•		.00					
HEROIN DETOX CLINIC		1		.00			.000		.00		.00
RURAL HEALTH CLINIC	1,458	2,331		364,093.82		156.20	.066	550	249.72	_	10.25
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	S M	IONTH-OF-PAYMENT RE	EPOK.I	FOR JAN	2003 THRU	DEC	2003	P	AGE 9,128
MOP024	FEE-FOR-SERVICE										01/29/04
NEVADA COUNTY	SUMMARY OF SERV	JICES FOR MEDICALL	ıΥΝ	IEEDY - FAMILIES							
							M		HLY AVERA	GE	
35,533 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (	COST PER		COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,641	12,966	\$	124,374.46	\$	9.59	.365	\$	75.79	\$	3.50
DURABLE MED. EQUIP.	28	44	•	3,602.67		81.88	.001	-	128.67	-	.10
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	4	4		1,490.94		372.74	.000		372.74		.04
MEDICAL TRANSPORTATION	157	1,278		40,508.22		31.70	.036		258.01		1.14
	154	1,242		25,977.50		20.92	.035		168.69		.73
AMBULANCES/AIR TRANS											
OTHER TRANS	2	21		108.64		5.17	.001		54.32		.00
OTHER SERVICES	9	15		14,422.08		961.47	.000		1602.45		.41
ACUPUNCTURE	3	3		70.28		23.43	.000		23.43		.00

ADULT DAY HEALTH CARE CTR	1	3	205.71	68.57	.000	205.71	.01
GENETIC DISEASE TESTING	55	55	5,533.00	100.60	.002	100.60	.16
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	325	689	6,243.96	9.06	.019	19.21	.18
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	41	74	8,277.31	111.86	.002	201.89	.23
PROSTHETICS	40	73	8,226.37	112.69	.002	205.66	.23
ORTHOTICS	1	1	50.94	50.94	.000	50.94	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	17	34	1,426.36	41.95	.001	83.90	.04
HOSPICE SERVICES	0	0	3,251.64	.00	.000	.00	.09
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,003	7,992	51,522.70	6.45	.225	51.37	1.45
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	34	2,790	2,241.67	.80	.079	65.93	.06
@CALIF. CHILDREN SERVICES*	122	3,707	\$ 548,541.81	\$ 147.97		\$ 4496.24	\$ 15.44
@XOVER EXCLUDING STATE HOSP**	116	1,860	\$ 20,718.90	\$ 11.14	.052	\$ 178.61	\$ .58

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 9,129

01/29/04

NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

NEVADA COUNTI	DOMMANT OF DER	VICES FOR MEDICALLI I	NEEDI IOIAL				a=
45 001					MON		
45,021 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	24,933	316,672 \$	19,466,268.92	\$ 61.47	7.034 \$		
@PHYSICIANS SERVICES	9,337	24,903 \$		\$ 35.83	.553 \$		
OUTPATIENT VISITS	6,597	9,271	326,131.05	35.18	.206	49.44	7.24
OFFICE VISITS	4,663	6,085	180,033.88	29.59	.135	38.61	4.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2,312	2,912	132,328.28	45.44	.065	57.24	2.94
PREVENTIVE CARE	4	4	209.82	52.46	.000	52.46	.00
OB VISITS/COMPRE PERI	77	124	9,506.64	76.67	.003	123.46	.21
OTHER OUTPATIENT	136	146	4,052.43	27.76	.003	29.80	.09
INPATIENT VISITS	400	1,213	69,409.85	57.22	.027	173.52	1.54
HOSPITAL VISITS	343	925	40,115.89	43.37	.021	116.96	.89
CRITICAL CARE	40	235	27,686.93	117.82	.005	692.17	.61
SNF/ICF/TRANS IP CARE	45	53	1,607.03	30.32	.001	35.71	.04
OPHTHALMOLOGICAL SERVICES	97	103	5,000.24	48.55	.002	51.55	.11
EXAMINATIONS	96	102	4,975.24	48.78	.002	51.83	.11
SERVICES AND MATERIALS	1	1	25.00	25.00	.000	25.00	.00
INPATIENT HOSPITAL SURGERY	280	1,323	143,143.17	108.20	.029	511.23	3.18
PRINCIPAL SURGEON	190	237	115,452.25	487.14	.005	607.64	2.56
ASSISTANT SURGEON	30	28	5,061.64	180.77	.001	168.72	.11
ANESTHESIOLOGIST	102	1,058	22,629.28	21.39	.024	221.86	.50
OUTPATIENT SURGERY	757	1,485	111,589.25	75.14	.033	147.41	2.48
PRINCIPAL SURGEON	681	854	94,972.07	111.21	.019	139.46	2.11
ASSISTANT SURGEON	5	5	727.48	145.50	.000	145.50	.02
ANESTHESIOLOGIST	127	626	15,889.70	25.38	.014	125.12	.35
DIALYSIS	7	39	1,026.58	26.32	.001	146.65	.02
PATHOLOGY	946	1,479	21,359.66	14.44	.033	22.58	.47
RADIOLOGY	1,755	2,768	82,528.92	29.82	.061	47.03	1.83
PSYCHIATRY	4	4	201.33	50.33	.000	50.33	.00
IMMUNIZATION AND INJECTION	279	664	21,955.01	33.06	.015	78.69	.49
OTHER SERVICES/ALL X-OVERS	1,864	6,554	109,857.70	16.76	.146	58.94	2.44

@PHARMACY	14,893	99,674	\$ 4,632,206.95	\$ 46.47	2.214	\$ 311.03	\$ 102.89
PRESCRIPTION DRUGS	14,789	56,367	4,124,718.06	73.18	1.252	278.90	91.62
SNF/ICF	2,710	19,867	1,012,673.36	50.97	.441	373.68	22.49
OUTPATIENTS	12,180	36,500	3,112,044.70	85.26	.811	255.50	69.12
MEDICAL SUPPLIES	555	43,307	507,488.89	11.72	.962	914.39	11.27
@DENTIST	1,933	7,567	\$ 323,133.39	\$ 42.70	.168	\$ 167.17	\$ 7.18
VISITS - DIAGNOSTIC	1,320	4,376	73,001.75	16.68	.097	55.30	1.62
ORAL SURGERY	261	734	38,972.00	53.10	.016	149.32	.87
DRUGS	107	131	2,778.75	21.21	.003	25.97	.06
ANESTHESIA	13	14	1,200.00	85.71	.000	92.31	.03
PERIODONTICS	24	25	3,292.00	131.68	.001	137.17	.07
ENDODONTICS	141	248	41,182.50	166.06	.006	292.07	.91
RESTORATIVE DENTISTRY	666	1,719	119,949.39	69.78	.038	180.10	2.66
PROSTHETICS	5	5	150.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	72	169	35,298.00	208.86	.004	490.25	.78
SPACE MAINTAINERS	18	19	2,471.00	130.05	.000	137.28	.05

MAXILLOFACIAL SERVICES 1 1 48.00 48.00 .000 48.00 .00 2 2 950.00 .000 950.00 .04 FRACTURES, DISLOCATIONS 1,900.00 ORTHODONTIC SERVICES 33 40 2,740.00 68.50 .001 83.03 .06 45 84 1.79 ALL OTHER SERVICES 150.00 .002 3.33 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,130

01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

NEVADA COUNTY	SUMMARY OF SERV	VICES FOR MEDICAL	LY NE	EEDY - TOTAL						~-	
45 001							M	-		GE	
45,021 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
	105	OR DAYS OF CARE		21 526 54		R UNIT/DAY			USER	_	ELIGIBLE
@OPTOMETRIST	495	1,397	\$	31,736.54	\$	22.72	.031	Ş	64.11	Ş	.70
DIAGNOSTIC AND ANC. PROCED	312	313		14,726.28		47.05	.007		47.20		.33
EYE APPLIANCES	375	1,042		15,859.76		15.22	.023		42.29		.35
OTHER OPTOMETRIC SERVICES	32	42		1,150.50		27.39	.001		35.95		.03
@CHIROPRACTOR	212	334	\$	5,521.78	\$	16.53	.007	\$	26.05	\$	.12
VISITS	211	332		5,505.06		16.58	.007		26.09		.12
OTHER SERVICES	1	2		16.72		8.36	.000		16.72		.00
@PODIATRIST	335	377	\$	4,805.82	\$	12.75	.008	\$	14.35	\$	.11
MEDICINE/INJECTIONS	31	43		1,359.66		31.62	.001		43.86		.03
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	3	5		81.32		16.26	.000		27.11		.00
OTHER	305	329		3,364.84		10.23	.007		11.03		.07
@HOME HEALTH AGENCY	62	3,499	\$	106,360.05	\$	30.40	.078	\$	1715.48	\$	2.36
NURSE ANESTHESIST	5	82	\$	192.16	\$	2.34	.002	\$	38.43	\$	.00
NURSE MIDWIFE	21	54	\$	3,438.71	\$	63.68	.001	\$	163.75	\$	.08
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	177	221	\$ \$ \$	5,447.46	\$	24.65	.005	\$	30.78	\$	.12
@TOTAL HOSPITAL	5,573	27,231	\$	2,892,323.61		106.21	.605	\$	518.99	\$	64.24
HOSP INPATIENT TOTAL	516	2,096		2,239,886.15		1068.65	.047		4340.86		49.75
HSC HOSPITALS	58	352		454,514.08		1291.23	.008		7836.45		10.10
NON-HSC HOSPITAL TOTAL	297	1,032		1,659,967.08		1608.50	.023		5589.11		36.87
ACCOMMODATIONS	297	1,032		460,447.10		446.17	.023		1550.33		10.23
ADMINISTRATIVE DAYS	2	. 7		5,684.00		812.00	.000		2842.00		.13
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	296	1,025		454,763.10		443.67	.023		1536.36		10.10
ANCILLARIES	297	. 0		1,199,519.98		.00	.000		4038.79		26.64
INPATIENT CROSSOVERS	162	712		125,404.99		176.13	.016		774.10		2.79
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5,252	25,135		652,437.46		25.96	.558		124.23		14.49
MEDICAL	657	838		32,598.76		38.90	.019		49.62		.72
SURGERY	486	540		14,723.51		27.27	.012		30.30		.33
PATHOLOGY	2,001	7,357		95,280.34		12.95	.163		47.62		2.12
RADIOLOGY	1,364	1,962		139,036.35		70.86	.044		101.93		3.09
ROOM USE	3,242	4,612		174,495.65		37.84	.102		53.82		3.88
CROSSOVERS/ALL OTH OUTPTNT	2,462	9,826		196,302.85		19.98	.218		79.73		4.36
@COUNTY HOSPITAL TOTAL	14	85	\$	50,899.93	\$	598.82	.002	\$	3635.71	\$	1.13
CO HOSPITAL INPATIENT TOTAL	1	36	•	48,672.00	•	1352.00	.001	. 4	48672.00		1.08
HSC HOSPITALS	1	36		48,672.00		1352.00	.001		48672.00		1.08
NONE HERE HOSPITTES C. TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0 0 0 0 0 0 0 0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	13	49		2,227.93		45.47	.001		171.38		.05
MEDICAL	6	9		407.23		45.25	.000		67.87		.01
SURGERY	1	1		25.15		25.15	.000		25.15		.00
PATHOLOGY	2	9		79.59		8.84	.000		39.80		.00
	_	-				- • • •					

7 .000 120.43 .02 RADIOLOGY 15 843.00 56.20 9 10 358.36 35.84 39.82 ROOM USE .000 .01 5 5 102.92 102.92 .01 CROSSOVERS/ALL OTH OUTPTNT 514.60 .000 PAGE 9,131 01/29/04 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	NEED	Y - TOTAL							
								MONT	THLY AVERA	GE	
45,021 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DA		COST PER		COST PER
,		OR DAYS OF CARE			PER	UNIT/DAY	PER ELI		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,562	27,146 \$		2,841,423.68	\$	104.67	.603		510.86	\$	63.11
COMM HOSP INPATIENT TOTAL	515	2,060		2,191,214.15		1063.70	.046		4254.78	т.	48.67
HSC HOSPITALS	57	316		405,842.08		1284.31	.007		7120.04		9.01
NON-HSC HOSPITALS TOTAL	297	1,032		1,659,967.08		1608.50	.023		5589.11		36.87
ACCOMMODATIONS	297	1,032		460,447.10		446.17	.023		1550.33		10.23
ADMINISTRATIVE DAYS	2 2	7		5,684.00		812.00	.000		2842.00		.13
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	296	1,025		454,763.10		443.67	.023		1536.36		10.10
ANCILLARIES	297	1,025		1,199,519.98		.00	.000		4038.79		26.64
	162	712		125,404.99		176.13			774.10		2.79
INPATIENT CROSSOVERS	0	0		•		.00	.016		.00		.00
ALL OTHER INPATIENT				.00			.000				
COMM HOSP OUTPATIENT TOTAL	5,241	25,086		650,209.53		25.92	.557		124.06		14.44
MEDICAL	652	829		32,191.53		38.83	.018		49.37		.72
SURGERY	485	539		14,698.36		27.27	.012		30.31		.33
PATHOLOGY	2,000	7,348		95,200.75		12.96	.163		47.60		2.11
RADIOLOGY	1,358	1,947		138,193.35		70.98	.043		101.76		3.07
ROOM USE	3,234	4,602		174,137.29		37.84	.102		53.85		3.87
CROSSOVERS/ALL OTH OUTPTNT		9,821		195,788.25		19.94	.218		79.62		4.35
@STATE HOSPITAL	0	0 \$		.00	\$	.00	.000		.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0 2,913	90,246 \$		9,380,888.75	\$	103.95	2.005		3220.35	\$	208.37
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2,913	90,246		9,380,888.75		103.95	2.005		3220.35		208.37
@INTERMEDIATE CARE FACILDD	24	760 \$		127,406.55	\$	167.64	.017	\$	5308.61	\$	2.83
ICF DDH	0	0		.00	•	.00	.000	·	.00	·	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	24	760		127,406.55		167.64	.017		5308.61		2.83
@HEMODIALYSIS TOTAL	47	179 \$		22,259.73	\$	124.36	.004		473.61	\$	.49
HOSPITAL BASED	0	0		.00	•	.00	.000		.00		.00
HEMODIALYSIS CENTER	47	179		22,259.73		124.36	.004		473.61		.49
@REHABILITATION FACILITY	15	56 \$		1,611.91	\$	28.78	.001	Ś	107.46	Ġ	.04
HOSPITAL BASED	7	23		1,115.68	٧	48.51	.001		159.38	٧	.02
INDEPENDENT FACILITY	8	33		496.23		15.04	.001		62.03		.01
@LABORATORY FACILITY	743	1,716 \$		31,142.19	\$	18.15	.038		41.91	\$	.69
PATHOLOGY	739	1,706		31,080.05	Ÿ	18.22	.038		42.06	Ÿ	.69
XO AND OTHERS	4	10		62.14		6.21	.000		15.54		.00
@ORGANIZED OUTPATIENT CLINIC	2,049	3,923 \$		450,982.73	\$	114.96	.087		220.10	Ġ	10.02
CLINIC CLINIC	314	944		25,255.71	Ą	26.75	.007	Ą	80.43	Ą	.56
	29	151					.003		157.23		
SURGICENTER	29 1	151		4,559.79		30.20	.003				.10
HEROIN DETOX CLINIC				.00					.00		.00
RURAL HEALTH CLINIC	1,732	2,827	MONT	421,167.23		148.98	.063		243.17	_	9.35
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MON.T	H-OF-PAYMENT RI	FLOK.I.	FOR JAN	ZUU3 THRU	DE(	2 ∠003	F	PAGE 9,132
MOP024	FEE-FOR-SERVICE	/ DENTAL									01/29/04

45,021 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

NEVADA COUNTY

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,502	54,453	\$ 554,607.83	\$ 10.19	1.210	\$ 221.67	\$ 12.32
DURABLE MED. EQUIP.	106	425	37,901.63	89.18	.009	357.56	.84
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	35	42	14,069.93	335.00	.001	402.00	.31
MEDICAL TRANSPORTATION	265	3,381	64,938.76	19.21	.075	245.05	1.44
AMBULANCES/AIR TRANS	215	2,612	38,987.87	14.93	.058	181.34	.87
OTHER TRANS	38	729	2,236.74	3.07	.016	58.86	.05
OTHER SERVICES	26	40	23,714.15	592.85	.001	912.08	.53
ACUPUNCTURE	3	3	70.28	23.43	.000	23.43	.00
ADULT DAY HEALTH CARE CTR	73	877	60,382.20	68.85	.019	827.15	1.34
GENETIC DISEASE TESTING	55	55	5,533.00	100.60	.001	100.60	.12
IHMC, MODEL-NF, NF, AIDS, MSSP	46	728	38,606.79	53.03	.016	839.28	.86
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	456	977	9,605.64	9.83	.022	21.07	.21
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	57	104	167.02	1.61	.002	2.93	.00
PROSTHETIST/ORTHOTISTS	84	188	20,938.39	111.37	.004	249.27	.47
PROSTHETICS	83	187	20,887.45	111.70	.004	251.66	.46
ORTHOTICS	1	1	50.94	50.94	.000	50.94	.00
PSYCHOLOGIST	1	1	12.01	12.01	.000	12.01	.00
SPEECH AND AUDIOLOGY	41	73	5,693.18	77.99	.002	138.86	.13
HOSPICE SERVICES	53	1,648	187,580.98	113.82	.037	3539.26	4.17
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,044	24,030	82,661.11	3.44	.534	79.18	1.84
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	257	21,921	26,446.91	1.21	.487	102.91	.59
@CALIF. CHILDREN SERVICES*	142	5,360	\$ 563,379.08	\$ 105.11	.119	\$ 3967.46	\$ 12.51
@XOVER EXCLUDING STATE HOSP**	2,311	20,793	\$ 416,253.91	\$ 20.02	.462	\$ 180.12	\$ 9.25

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,133 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 NEVADA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

----- MONTHLY AVERAGE -----2,479 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 1,174 38,047 538,230.65 \$ 14.15 15.348 \$ 458.46 \$ 217.12 @PHYSICIANS SERVICES 511 1,860 74,280.31 39.94 .750 \$ 145.36 \$ 29.96 18,882.35 OUTPATIENT VISITS 367 509 37.10 .205 51.45 7.62 OFFICE VISITS 245 303 9,917.71 32.73 40.48 .122 4.00 .00 .00 HOME VISITS 0 0 .00 .000 .00 123 162 7,757.01 47.88 .065 63.07 EMERGENCY ROOM 3.13 .00 .00 .000 .00 PREVENTIVE CARE .00 OB VISITS/COMPRE PERI 5 24 538.05 22.42 .010 107.61 .22 20 33.48 OTHER OUTPATIENT 16 669.58 .008 41.85 .27 27 INPATIENT VISITS 162 10,462.34 64.58 .065 387.49 4.22 HOSPITAL VISITS 124 44.51 .050 239.96 2.23 5,519.17 7 136.21 700.51 CRITICAL CARE 36 4,903.59 .015 1.98 SNF/ICF/TRANS IP CARE 2 2 39.58 19.79 19.79 .02 .001 OPHTHALMOLOGICAL SERVICES 10 10 410.78 41.08 .004 41.08 .17 **EXAMINATIONS** 10 10 410.78 41.08 .004 41.08 .17 SERVICES AND MATERIALS 0 .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY 37 412 21,176.31 572.33 51.40 .166 8.54 PRINCIPAL SURGEON 22 50 14,648.35 292.97 .020 665.83 5.91 122.11 122.11 .05 ASSISTANT SURGEON 1 1 122.11 .000 ANESTHESIOLOGIST 17 361 6,405.85 17.74 .146 376.81 2.58

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

OUTPATIENT SURGERY	55	123	7,299.48	59.35	.050	132.72		2.94
PRINCIPAL SURGEON	43	57	5,209.69		.023	121.16		2.10
ASSISTANT SURGEON	1	1	52.12		.000	52.12		.02
ANESTHESIOLOGIST	13	65	2,037.67		.026	156.74		.82
DIALYSIS	0	0	.00		.000	.00		.00
PATHOLOGY	53	106	2,253.73	21.26	.043	42.52		.91
RADIOLOGY	123	311	7,982.35		.125	64.90		3.22
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	11	11	1,949.28	177.21	.004	177.21		.79
OTHER SERVICES/ALL X-OVERS	55	216	3,863.69	17.89	.087	70.25		1.56
@PHARMACY	503	10,333 \$	76,605.85	\$ 7.41	4.168 \$	152.30	\$	30.90
PRESCRIPTION DRUGS	496	1,011	69,847.30	69.09	.408	140.82		28.18
SNF/ICF	12	59	8,792.04	149.02	.024	732.67		3.55
OUTPATIENTS	484	952	61,055.26	64.13	.384	126.15		24.63
MEDICAL SUPPLIES	32	9,322	6,758.55	.73	3.760	211.20		2.73
@DENTIST	92	387 \$	13,948.00	\$ 36.04	.156 \$	151.61	\$	5.63
VISITS - DIAGNOSTIC	71	261	4,942.00	18.93	.105	69.61		1.99
ORAL SURGERY	15	35	3,544.00	101.26	.014	236.27		1.43
DRUGS	4	4	75.00	18.75	.002	18.75		.03
ANESTHESIA	2	2	200.00	100.00	.001	100.00		.08
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	2	2	660.00	330.00	.001	330.00		.27
RESTORATIVE DENTISTRY	27	78	4,257.00	54.58	.031	157.67		1.72
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	1	1	120.00	120.00	.000	120.00		.05
MAXILLOFACIAL SERVICES	1	2	150.00	75.00	.001	150.00		.06
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	3	2	.00		.001	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		MONTH-OF-PAYMENT	REPORT FOR JAN	2003 THRU DEC	2003	PAGI	
MOP024	FEE-FOR-SERVICE/DENTA	L					(	01/29/04

NEVADA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W ------ MONTHLY AVERAGE ------

2,479 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	 COST PER
		OR DAYS OF CARE	C		PE	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	26	64	\$	1,610.35	\$	25.16	.026	\$	61.94	\$ .65
DIAGNOSTIC AND ANC. PROCED	21	21		984.59		46.89	.008		46.89	.40
EYE APPLIANCES	14	41		588.96		14.36	.017		42.07	.24
OTHER OPTOMETRIC SERVICES	1	2		36.80		18.40	.001		36.80	.01
@CHIROPRACTOR	15	21	\$	351.12	\$	16.72	.008	\$	23.41	\$ .14
VISITS	15	21		351.12		16.72	.008		23.41	.14
OTHER SERVICES	0	0		.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00
OTHER	0	0		.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	6	173	\$	5,322.96	\$	30.77	.070	\$	887.16	\$ 2.15
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
NURSE MIDWIFE	1	1	\$	60.48	\$	60.48	.000	\$	60.48	\$ .02
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
FAMILY NURSE PRACTITIONER	10	12	\$	292.88	\$	24.41	.005	\$	29.29	\$ .12
@TOTAL HOSPITAL	304	1,421	\$	276,251.80	\$	194.41	.573	\$	908.72	\$ 111.44
HOSP INPATIENT TOTAL	28	190		239,485.54		1260.45	.077		8553.06	96.61
HSC HOSPITALS	13	142		170,005.00		1197.22	.057		13077.31	68.58
NON-HSC HOSPITAL TOTAL	16	48		69,480.54		1447.51	.019		4342.53	28.03
ACCOMMODATIONS	16	48		20,119.95		419.17	.019		1257.50	8.12
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00

ALL OTHER ACCOM	16	48	20,119.95	419.17	.019	1257.50	8.12
ANCILLARIES	16	0	49,360.59	.00	.000	3085.04	19.91
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	284	1,231	36,766.26	29.87	.497	129.46	14.83
MEDICAL	32	37	1,376.86	37.21	.015	43.03	.56
SURGERY	36	45	1,024.03	22.76	.018	28.45	.41
PATHOLOGY	115	393	4,994.77	12.71	.159	43.43	2.01
RADIOLOGY	84	125	10,853.93	86.83	.050	129.21	4.38
ROOM USE	196	295	11,178.64	37.89	.119	57.03	4.51
CROSSOVERS/ALL OTH OUTPTNT	113	336	7,338.03	21.84	.136	64.94	2.96
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00		.00		.00
-	0	0			.00				.00
ALL OTHER ACCOM	0	0		.00			.00		
ANCILLARIES	0	0		.00	.00		.00		.00
INPATIENT CROSSOVERS	U	0		.00	.00		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00		.00		.00
MEDICAL	0	0		.00	.00		.00		.00
SURGERY	0	0		.00	.00		.00		.00
PATHOLOGY	0	0		.00	.00		.00		.00
RADIOLOGY	0	0		.00	.00		.00		.00
ROOM USE	0	0		.00	.00		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MO	NTH-OF-PAYMENT R	EPORT FOR JA	N 2003 THRU	DEC 2003	P	AGE 9,135
MOP024	FEE-FOR-SERVICE	DENTAL							01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MIC - 1	NO SOC	C 03 04 2A 45 4A	4K 4M 5K 7T	82 8E 8W			
						M	ONTHLY AVERA	ΔGE	
2,479 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVERAGE CO	ST UNITS/DAY	S COST PER		COST PER
		OR DAYS OF CAR	E		PER UNIT/I	AY PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	304 28	1,421	\$	276,251.80	\$ 194.41	573	\$ 908.72	\$	111.44
COMM HOSP INPATIENT TOTAL	28	190	•	239,485.54	1260.45	.077	8553.06		96.61
HSC HOSPITALS	13	142		170,005.00	1197.22	.057	13077.31		68.58
NON-HSC HOSPITALS TOTAL	16	48		69,480.54	1447.51	.019	4342.53		28.03
ACCOMMODATIONS	16	48		20,119.95	419.17		1257.50		8.12
ADMINISTRATIVE DAYS	0	0		,	.00		.00		.00
TRANSITIONAL IP CARE	0	0		.00 .00 20,119.95 49,360.59	.00		.00		.00
ALL OTHER ACCOM	16	48		20 119 95	419.17		1257.50		8.12
ANCILLARIES	16	0		49 360 59	.00		3085.04		19.91
INPATIENT CROSSOVERS	0	0		.00	.00		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00		.00		.00
COMM HOSP OUTPATIENT TOTAL	284	1,231		36,766.26	29.87		129.46		14.83
MEDICAL	32	37		1,376.86	37.21		43.03		.56
SURGERY	36	45		1,024.03	22.76		28.45		.41
PATHOLOGY	115	393		4,994.77	12.71		43.43		2.01
RADIOLOGY	84	125		10,853.93	86.83		129.21		4.38
ROOM USE	196	295		11,178.64	37.89		57.03		4.51
	113	336							
CROSSOVERS/ALL OTH OUTPTNT	113	0	4	7,338.03	\$ 21.84		\$ .00	4	2.96 .00
@STATE HOSPITAL	0	0	\$	.00	•			Þ	
MENTALLY ILL	0			.00	.00		.00		.00
DEVELOP. DISABLED	U	0		.00	.00		.00		.00
@NURSING FACILITY	U	0	\$	.00	\$ .00			Ş	.00
LEV A-INTERMEDIATE	U	U		.00	.00		.00		.00
LEV B-REHAB MD	0	0		.00	.00		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00		.00		.00
LEV B-REGULAR	0	0		.00	.00		.00		.00
@INTERMEDIATE CARE FACILDD	6	168	\$	24,892.56	\$ 148.17		\$ 4148.76	\$	10.04
ICF DDH	6	168		24,892.56	148.17		4148.76		10.04
ICF DD	0	0		.00	.00		.00		.00
ICF DDN/DDCN	0	0		.00	.00		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00		\$ .00	\$	.00
HOGDITAL BAGED	Λ	Λ		0.0	0.0	000	0.0		0.0

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2,368.10

2,368.10

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HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

.001 \$

.060 \$

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21.19

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21.19

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56.38

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56.38

@ORGANIZED OUTPATIENT CLINIC	91	216 \$	13,087.92 \$	60.59	.087 \$	143.82	\$ 5.28
CLINIC	29	112	1,712.05	15.29	.045	59.04	.69
SURGICENTER	1	10	243.41	24.34	.004	243.41	.10
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	61	94	11,132.46	118.43	.038	182.50	4.49
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	r for Jan 2003	THRU DEC	2003	PAGE 9,136
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ					01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FO	OR MIC - NO	SOC 03 04 2A 45 4A 4K 4I	M 5K 7T 82 8E	8W		

----- MONTHLY AVERAGE -----2.479 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE
49,115.94 \$ 2.11 9.375 \$ 308.91 \$ 19.81
7,317.16 192.56 .015 487.81 2.95
.00 .00 .000 .000 .00 OR DAYS OF CARE 
 49,115.94
 \$ 2.11
 9.375
 \$ 308.91
 \$

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 .00 23,240 \$ 159 @ALL OTHER PROVIDERS 15 DURABLE MED. EOUIP. 0 0 23 23 0 BLOOD BANK 0 HEARING AID DISPENSERS .00 MEDICAL TRANSPORTATION 336 4.92 AMBULANCES/AIR TRANS 332 2.01 0 0 .00 OTHER TRANS OTHER SERVICES 2.90 ACUPUNCTURE .00 ADULT DAY HEALTH CARE CTR 0 .00 GENETIC DISEASE TESTING 1 .04 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 OCCUPATIONAL THERAPIST 0 0 .00 17 36 .12 OPTICIAN .00 PHYSICAL THERAPIST 0 .00 PORTABLE X-RAY 0 PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS .00 PSYCHOLOGIST 0 0 .00 9 SPEECH AND AUDIOLOGY 1.10 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS . 00 LOCAL EDUCATION AGENCIES 8.71 EPSDT SUPPLEMENTAL SERVICE .00 

 EPSDT SUPPLEMENTAL SERVICE
 0
 0

 RESPIRATORY CARE PRACT.
 0
 0

 PED SUBACUTE REHAB/WEANING
 0
 0

 ALL OTHER PROVIDERS
 27
 16,617

 @CALIF. CHILDREN SERVICES\*
 84
 7,816
 \$

 @XOVER EXCLUDING STATE HOSP\*\*
 1
 2
 \$

 

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,137 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 NEVADA COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

						MOI	NTHLY AVERA	GE
47 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	92	1,092	\$	48,389.14	\$ 44.31	23.234	\$ 525.97	\$ 1029.56
@PHYSICIANS SERVICES	55	164	\$	5,915.49	\$ 36.07	3.489	\$ 107.55	\$ 125.86
OUTPATIENT VISITS	30	50		2,441.28	48.83	1.064	81.38	51.94
OFFICE VISITS	9	12		354.00	29.50	.255	39.33	7.53
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	24	37		2,041.56	55.18	.787	85.07	43.44
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1		45.72	45.72	.021	45.72	.97
INPATIENT VISITS	6	10		649.06	64.91	.213	108.18	13.81

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	5	8		452.13		56.52	.170		90.43		9.62
CRITICAL CARE	1	2		196.93		98.47	.043		196.93		4.19
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
	0	28									
INPATIENT HOSPITAL SURGERY	4			653.98		23.36	.596		163.50		13.91
PRINCIPAL SURGEON	1	1		157.33		157.33	.021		157.33		3.35
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3	27		496.65		18.39	.574		165.55		10.57
OUTPATIENT SURGERY	9	19		817.75		43.04	.404		90.86		17.40
PRINCIPAL SURGEON	8	8		669.10		83.64	.170		83.64		14.24
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	11		148.65		13.51	.234		148.65		3.16
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	4CR		559.96CR	1	139.99	.085C	R	186.65CF	2	11.91CR
RADIOLOGY	18	43		1,158.74		26.95	.915		64.37		24.65
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	8	18		754.64		41.92	.383		94.33		16.06
@PHARMACY	13	35 \$		3,032.73	\$	86.65	.745	\$	233.29	بخ	64.53
PRESCRIPTION DRUGS	13	29	)	2,941.80	•	101.44	.617	Ą	226.29	Ą	62.59
	0	0									
SNF/ICF	-	_		.00		.00	.000		.00		.00
OUTPATIENTS	13	29		2,941.80		101.44	.617		226.29		62.59
MEDICAL SUPPLIES	1	6		90.93		15.16	.128		90.93		1.93
@DENTIST	5	19 \$	;	527.00	\$	27.74		\$	105.40	\$	11.21
VISITS - DIAGNOSTIC	3	5		80.00		16.00	.106		26.67		1.70
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	4	14		447.00		31.93	.298		111.75		9.51
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	Ô		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	Õ		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	VEDT CAT CEDIAT	_	1 N/ONTE					חחמ		ъ	
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	MOIN.	IH-OF-PAYMENI RE	PORT	FOR JAN A	2003 IHRU	DEC	2003	P	AGE 9,138
MOP024	FEE-FOR-SERVICE		_				0.0				01/29/04
NEVADA COUNTY	SUMMARY OF SERV	VICES FOR MIC - SOC	2			AID CODE					
45									HLY AVERAG		
47 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	4 \$	5	71.30	\$	17.83	.085	\$	71.30	\$	1.52
DIAGNOSTIC AND ANC. PROCED	1	1		37.47		37.47	.021		37.47		.80
EYE APPLIANCES	1	3		33.83		11.28	.064		33.83		.72
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0 \$	5	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	Ö	0 \$	;	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00	т	.00	.000	7	.00	т	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	612 \$	•	13,528.68	Ġ	22.11	13.021	ċ,	13528.68	\$	287.84
	0	0 \$		.00	\$ \$			\$			
NURSE ANESTHESIST	U	υŞ	•	.00	Ą	.00	.000	Ą	.00	\$	.00

NURSE MIDWIFE	0		\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00		\$		\$	.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$	.00		\$	.00	\$	.00
@TOTAL HOSPITAL	44	249	Ş	24,308.44	\$	97.62		\$		\$	517.20
HOSP INPATIENT TOTAL	2	4		18,586.13		4646.53	.085		9293.07		395.45
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2	4		18,586.13		4646.53	.085		9293.07		395.45
ACCOMMODATIONS	2	4		1,668.86		417.22	.085		834.43		35.51
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	4		1,668.86		417.22	.085		834.43		35.51
ANCILLARIES	2	0		16,917.27		.00	.000		8458.64		359.94
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	42	245		5,722.31		23.36	5.213		136.25		121.75
MEDICAL	12	12		339.00		28.25	.255		28.25		7.21
SURGERY	8	9		147.12		16.35	.191		18.39		3.13
PATHOLOGY	17	60		642.56		10.71	1.277		37.80		13.67
RADIOLOGY	19	27		1,939.58		71.84	.574		102.08		41.27
ROOM USE	33	42		1,408.39		33.53	.894		42.68		29.97
CROSSOVERS/ALL OTH OUTPTNT	26 0	95	4	1,245.66	d	13.11	2.021	4	47.91	4	26.50
@COUNTY HOSPITAL TOTAL	0	0 8	\$	.00	\$	.00		\$	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00 .00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURE:	S MC	NTH-OF-PAYMENT R	EPOR	T FOR JAN 2	2003 THRU D	DEC	2003	PΙ	AGE 9,139
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MIC - SO	C			AID CODE					
							MC			_	
47 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		3 (	COST PER		COST PER
OCOMMINITES HOODIEST HOEST	4.4	OR DAYS OF CARE	4	24 200 44		R UNIT/DAY		4	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	44 2		\$	24,308.44	\$	97.62	5.298	Ş	552.46	Ş	517.20
COMM HOSP INPATIENT TOTAL	0	4		18,586.13		4646.53	.085		9293.07		395.45
HSC HOSPITALS	2	0 4		.00 18,586.13		.00 4646.53	.000 .085		.00 9293.07		.00 395.45
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	2	_		•		417.22	.085		834.43		35.51
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	4 0		1,668.86 .00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	4		1,668.86		417.22	.085		834.43		35.51
ANCILLARIES	2	0		16,917.27		.00	.000		8458.64		359.94
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	Ő	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	42	245		5,722.31		23.36	5.213		136.25		121.75
MEDICAL	12	12		339.00		28.25	.255		28.25		7.21
SURGERY	8	9		147.12		16.35	.191		18.39		3.13
PATHOLOGY	17	60		642.56		10.71	1.277		37.80		13.67

RADIOLOGY	19	27	1,939.58	71.84	.574	102.08	41.27
ROOM USE	33	42	1,408.39	33.53	.894	42.68	29.97
CROSSOVERS/ALL OTH OUTPINT	26	95	1,245.66	13.11	2.021	47.91	26.50
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0	.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$	.00	.000 \$	.00	\$	.00
HOSPITAL BASED	0	0	.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$	.00	\$	.00	.000 \$		\$	.00
HOSPITAL BASED	0	0	.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	1	1 \$	14.60	\$	14.60	.021 \$		\$	.31
PATHOLOGY	1	1	14.60		14.60	.021	14.60		.31
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	\$	.00	.000 \$		\$	.00
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MC	NTH-OF-PAYMENT R	EPORT 1	FOR JAN 2	2003 THRU DE	C 2003	PAC	GE 9,140
MOP024	FEE-FOR-SERVICE			_					01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MIC - SOC		I	AID CODE			<b>a</b> =	
47 FI TOTRI FO	Hanna	INITES OF SERVICE		ATTED:	AGE GOGE	MON			
47 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAYS PER ELIG			OST PER
@ALL OTHER PROVIDERS	2	OR DAYS OF CARE 8 \$	990.90		123.86	.170 \$	USER 495.45		LIGIBLE 21.08
DURABLE MED. EQUIP.	0	0	.00	٠,	.00	.000	.00	Ą	.00
BLOOD BANK	0	0	.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0	.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0	.00		.00	.000	.00		.00
OTHER TRANS	0	0	.00		.00	.000	.00		.00
OTHER TRANS	0	0	.00		.00	.000	.00		.00
ACUPUNCTURE	0	0	.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00		.00
OPTICIAN	0	0	.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	2	8	990.90		123.86	.170	495.45		21.08
PROSTHETICS	2	8	990.90		123.86	.170	495.45		21.08
ORTHOTICS	0	0	.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0	.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0	.00		.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	7	47 \$	3,628.68			1.000 \$			77.21
@XOVER EXCLUDING STATE HOSP**		0 \$	.00	\$	.00	.000 \$	.00	\$	.00
@* TOTALS IN THESE LINES ARE									
THE AMOUNTS ARE ALREADY IN			ABOVE.						
** THESE DATA ARE INCLUDED I			ATELL OF DATES		30D 7777 1	2002 mrrorr ==	ng 2002		NE 0 141
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MC	NTH-OF-PAYMEN'I R	EPORT 1	FOR JAN 2	ZUU3 THRU DE	ic 2003	PA(	GE 9,141
MOP024	FEE-FOR-SERVICE		DICEME CITIEDE	NT TO	r a t				01/29/04
NEVADA COUNTY	SUMMAKY OF SERV	ICES FOR MEDICALLY IN	DIGENI - CHILDRE	IN - I.O.	LAL	MON	א משווא א זעייו	CF.	
						IVIOIN	TITLI AVERA	GE	

USERS UNITS OF SERVICE

OR DAYS OF CARE

2,526 ELIGIBLES

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER

PER UNIT/DAY PER ELIG USER

COST PER

ELIGIBLE

omoma. All prolitores	1 066	20 120 4	FOC 610 FO	<b>4</b> 14 00	15 404	4 462 26	<b>*</b> 020 02
@TOTAL, ALL PROVIDERS	1,266	39,139 \$	586,619.79	\$ 14.99		\$ 463.36	\$ 232.23
@PHYSICIANS SERVICES	566	2,024 \$		\$ 39.62	.801		\$ 31.75
OUTPATIENT VISITS	397	559	21,323.63	38.15	.221	53.71	8.44
OFFICE VISITS	254	315	10,271.71	32.61	.125	40.44	4.07
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	147	199	9,798.57	49.24	.079	66.66	3.88
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	5	24	538.05	22.42	.010	107.61	.21
OTHER OUTPATIENT	17	21	715.30	34.06	.008	42.08	.28
	33	172					
INPATIENT VISITS			11,111.40	64.60	.068	336.71	4.40
HOSPITAL VISITS	28	132	5,971.30	45.24	.052	213.26	2.36
CRITICAL CARE	8	38	5,100.52	134.22	.015	637.57	2.02
SNF/ICF/TRANS IP CARE	2	2	39.58	19.79	.001	19.79	.02
OPHTHALMOLOGICAL SERVICES	10	10	410.78	41.08	.004	41.08	.16
EXAMINATIONS	10	10	410.78	41.08	.004	41.08	.16
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	41	440	21,830.29	49.61	.174	532.45	8.64
PRINCIPAL SURGEON	23	51	14,805.68	290.31	.020	643.73	5.86
				122.11			
ASSISTANT SURGEON	1	1	122.11		.000	122.11	.05
ANESTHESIOLOGIST	20	388	6,902.50	17.79	.154	345.13	2.73
OUTPATIENT SURGERY	64	142	8,117.23	57.16	.056	126.83	3.21
PRINCIPAL SURGEON	51	65	5,878.79	90.44	.026	115.27	2.33
ASSISTANT SURGEON	1	1	52.12	52.12	.000	52.12	.02
ANESTHESIOLOGIST	14	76	2,186.32	28.77	.030	156.17	.87
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	56	102	1,693.77	16.61	.040	30.25	.67
RADIOLOGY	141	354	9,141.09	25.82	.140	64.83	3.62
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
	11	11		177.21	.004	177.21	.77
IMMUNIZATION AND INJECTION			1,949.28				
OTHER SERVICES/ALL X-OVERS	63	234	4,618.33	19.74	.093	73.31	1.83
@PHARMACY	516	10,368 \$		\$ 7.68	4.105		
PRESCRIPTION DRUGS	509	1,040	72,789.10	69.99	.412	143.00	28.82
SNF/ICF	12	59	8,792.04	149.02	.023	732.67	3.48
OUTPATIENTS	497	981	63,997.06	65.24	.388	128.77	25.34
MEDICAL SUPPLIES	33	9,328	6,849.48	.73	3.693	207.56	2.71
@DENTIST	97	406 \$	14,475.00	\$ 35.65	.161	\$ 149.23	
VISITS - DIAGNOSTIC	74	266	5,022.00	18.88	.105	67.86	1.99
ORAL SURGERY	15	35	3,544.00	101.26	.014	236.27	1.40
DRUGS	4	4	75.00	18.75	.002	18.75	.03
	2	2	200.00	100.00	.002	100.00	
ANESTHESIA							.08
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	2	660.00	330.00	.001	330.00	.26
RESTORATIVE DENTISTRY	31	92	4,704.00	51.13	.036	151.74	1.86
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	1	120.00	120.00	.000	120.00	.05
MAXILLOFACIAL SERVICES	1	2	150.00	75.00	.001	150.00	.06
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	2	.00	.00		.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES					PAGE 9,142
			MONIH-OF-PAIMENT RE	PORT FOR JAN	2003 IHRU D	EC 2003	
MOP024	FEE-FOR-SERVICE						01/29/04
NEVADA COUNTY	SUMMARY OF SERV	VICES FOR MEDICALLY	INDIGENT - CHILDRED	N - TOTAL			
							GE
2,526 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	C UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	27	68 \$	1,681.65	\$ 24.73	.027	\$ 62.28	\$ .67
DIAGNOSTIC AND ANC. PROCED	22	22	1,022.06	46.46	.009	46.46	.40
EYE APPLIANCES	15	$\frac{\overline{44}}{44}$	622.79	14.15	.017	41.52	. 25
OTHER OPTOMETRIC SERVICES	1	2	36.80	18.40	.001	36.80	.01
CILLIC OLICIDINICE DENVICED	_	2	50.00	10.10	• 001	30.00	• • •

@CHIROPRACTOR	15	21 \$	351.12	\$ 16.72	.008 \$	23.41	\$	.14
VISITS	15	21	351.12	16.72	.008	23.41	•	.14
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
							_	
@PODIATRIST	0	0 \$	.00	\$ .00	.000 \$		Ş	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
	0							
OTHER	Ü	0	.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	7	785 \$	18,851.64	\$ 24.01	.311 \$		\$	7.46
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
NURSE MIDWIFE	1	1 \$	60.48	\$ 60.48	.000 \$	60.48	\$	.02
PEDIATRIC NURSE PRACTITIONER	<del>-</del>	0 \$	.00	\$ .00	.000 \$		\$	.00
	-							
FAMILY NURSE PRACTITIONER	10	12 \$	292.88	\$ 24.41	.005 \$		\$	.12
@TOTAL HOSPITAL	348	1,670 \$	300,560.24	\$ 179.98	.661 \$		\$	118.99
HOSP INPATIENT TOTAL	30	194	258,071.67	1330.27	.077	8602.39		102.17
HSC HOSPITALS	13	142	170,005.00	1197.22	.056	13077.31		67.30
NON-HSC HOSPITAL TOTAL	18	52	88,066.67	1693.59	.021	4892.59		34.86
ACCOMMODATIONS	18	52	21,788.81	419.02	.021	1210.49		8.63
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	18	52	21,788.81	419.02	.021	1210.49		8.63
ANCILLARIES	18	0	66,277.86	.00	.000	3682.10		26.24
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	326	1,476	42,488.57	28.79	.584	130.33		16.82
MEDICAL	44	49	1,715.86	35.02	.019	39.00		.68
SURGERY	44	54	1,171.15	21.69	.021	26.62		.46
	132							2.23
PATHOLOGY		453	5,637.33	12.44	.179	42.71		
RADIOLOGY	103	152	12,793.51	84.17	.060	124.21		5.06
ROOM USE	229	337	12,587.03	37.35	.133	54.97		4.98
CROSSOVERS/ALL OTH OUTPTNT	139	431	8,583.69	19.92	.171	61.75		3.40
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	Υ	.00
	0	0						
HSC HOSPITALS	U	U	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
	0	0						
ALL OTHER ACCOM	U	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
	0	0						
SURGERY	U	U	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	•	•					D7	
			MONIH-OF-PAIMENT R	REPORT FOR UAN .	ZUUS IRKU DE	2003	PF	
MOP024	FEE-FOR-SERVICE	•						01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	INDIGENT - CHILDRE	EN - TOTAL				
					MON	THLY AVERA	.GE -	
2,526 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
•		OR DAYS OF CARE		PER UNIT/DAY				ELIGIBLE
@COMMINITY HOSDITAL TOTAL	2/10		300 560 24		661 Å	862 60	Ġ	110 00
@COMMUNITY HOSPITAL TOTAL	348	1,670 \$	300,560.24	\$ 179.98		863.68		
COMM HOSP INPATIENT TOTAL	30	1,670 \$ 194	258,071.67	\$ 179.98 1330.27	.077	8602.39		102.17
COMM HOSP INPATIENT TOTAL HSC HOSPITALS	30 13	1,670 \$ 194 142	258,071.67 170,005.00	\$ 179.98 1330.27	.077	8602.39 13077.31		102.17 67.30
COMM HOSP INPATIENT TOTAL	30	1,670 \$ 194	258,071.67	\$ 179.98 1330.27 1197.22	.077	8602.39		102.17
COMM HOSP INPATIENT TOTAL HSC HOSPITALS	30 13	1,670 \$ 194 142	258,071.67 170,005.00	\$ 179.98 1330.27 1197.22 1693.59	.077	8602.39 13077.31		102.17 67.30

ALL OFFIED ACCOM	1.0	F 0		21 700 01		410 00	001		1010 40		0.63
ALL OTHER ACCOM	18	52		21,788.81		419.02	.021		1210.49		8.63
ANCILLARIES	18	0		66,277.86		.00	.000		3682.10		26.24
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	326	1,476		42,488.57		28.79	.584		130.33		16.82
MEDICAL	44	49		1,715.86		35.02	.019		39.00		.68
SURGERY	44	54		1,171.15		21.69	.021		26.62		.46
PATHOLOGY	132	453		5,637.33		12.44	.179		42.71		2.23
RADIOLOGY	103	152		12,793.51		84.17	.060		124.21		5.06
ROOM USE	229	337		12,587.03		37.35	.133		54.97		4.98
CROSSOVERS/ALL OTH OUTPTNT		431	4	8,583.69	4	19.92	.171	4	61.75	4	3.40
@STATE HOSPITAL	0	0	Ş	.00	Ş	.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	Ô	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	6	168	Ġ	24,892.56	Ġ			Ġ	4148.76	Ċ	9.85
	6	168	Ą	24,892.56	Ą	148.17	.067	Ą	4148.76	Ą	9.85
ICF DDH	0										
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	4.	.00	.000	4.	.00		.00
@HEMODIALYSIS TOTAL	0		\$	.00	Ş	.00	.000	Ş	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	2		\$	42.38	\$	21.19	.001	\$	21.19	\$	.02
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	2	2		42.38		21.19	.001		21.19		.02
@LABORATORY FACILITY	43		\$	2,382.70	\$	15.88	.059	\$	55.41	\$	.94
PATHOLOGY	43	150	•	2,382.70	•	15.88	.059		55.41	•	.94
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	91		\$	13,087.92	Ġ			Ġ	143.82	Ġ	5.18
CLINIC CLINIC	29	112	Ÿ	1,712.05	Y	15.29	.044		59.04	Y	.68
SURGICENTER	1	10		243.41		24.34	.004		243.41		
	0	0		.00							.10
HEROIN DETOX CLINIC				.00		.00 118.43	.000 .037		.00		.00
RURAL HEALTH CLINIC	61	94	. ~	11,132.46		118.43	.03/		182.50	_	4.41
			S	MONTH-OF-PAYMENT RE	:DOK.	L' FOR JAN 2	2003 THRU	DEC	2003	F	PAGE 9,144
MOP024	FEE-FOR-SERVICE										01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MEDICALL	ΔY	INDIGENT - CHILDREN	1 – 1	TOTAL					
							M				
2,526 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	161	23,248	\$	50,106.84	\$	2.16	9.203	\$	311.22	\$	19.84
DURABLE MED. EQUIP.	15	38		7,317.16		192.56	.015		487.81		2.90
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	Ö	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	23	336		12,192.90		36.29	.133		530.13		4.83
AMBULANCES/AIR TRANS	23	332		4,992.90		15.04	.131		217.08		1.98
	0										
OTHER TRANS		0		.00		.00	.000		.00		.00
OTHER SERVICES	4	4		7,200.00		1800.00	.002		1800.00		2.85
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	1	1		105.00		105.00	.000		105.00		.04
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OCCULINI TOWNE THE TOT	U	•									

0

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ADMINISTRATIVE DAYS TRANSITIONAL IP CARE

0

OPTICIAN	17	36	298.96	8.30	.014	17.59	.12
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	8	990.90	123.86	.003	495.45	.39
PROSTHETICS	2	8	990.90	123.86	.003	495.45	.39
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	9	2,738.38	304.26	.004	684.60	1.08
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	80	6,203	21,584.85	3.48	2.456	269.81	8.55
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	27	16,617	4,878.69	.29	6.578	180.69	1.93
@CALIF. CHILDREN SERVICES*	91	7,863	\$ 128,247.62	\$ 16.31	3.113	\$ 1409.31	\$ 50.77

@XOVER EXCLUDING STATE HOSP\*\* 1 2 \$ 36.80 \$ 18.40 .001 \$ 36.80 \$ .01

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,145 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

----- MONTHLY AVERAGE -----

NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

									IVI	DIV.T.	HLY AVERAG	نظنی	
00 ELIGIBLES	USERS	UNITS OF	SERV	ICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS	OF CA	ARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0		\$	.00	\$	.00	.000	\$	.00	\$	.00
@PHYSICIANS SERVICES	0		0		\$	.00	Ś	.00	.000	\$	.00	\$	.00
OUTPATIENT VISITS	0		0		•	.00	•	.00	.000	•	.00		.00
OFFICE VISITS	0		Ö			.00		.00	.000		.00		.00
HOME VISITS	ñ		0			.00		.00	.000		.00		.00
EMERGENCY ROOM	ñ		0			.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0			.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0			.00		.00	.000		.00		.00
	0		0						.000				
OTHER OUTPATIENT	0		0			.00		.00			.00		.00
INPATIENT VISITS	0					.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0			.00		.00	.000		.00		.00
CRITICAL CARE	0		0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0			.00		.00	.000		.00		.00
EXAMINATIONS	0		0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	Ô		Ö			.00		.00	.000		.00		.00
DIALYSIS	0		0			.00		.00	.000		.00		.00
PATHOLOGY	ñ		0			.00		.00	.000		.00		.00
RADIOLOGY	0		0			.00		.00	.000		.00		.00
PSYCHIATRY	0		0			.00		.00	.000		.00		.00
	0		0			.00			.000				.00
IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS	0		0					.00			.00		
	0				4	.00	4	.00	.000	4	.00	4	.00
@PHARMACY	0		0		\$	.00	\$	.00	.000	\$	.00	\$	.00
PRESCRIPTION DRUGS	0		0			.00		.00	.000		.00		.00
SNF/ICF	0		0			.00		.00	.000		.00		.00
OUTPATIENTS	0		0			.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0		0			.00		.00	.000		.00		.00
@DENTIST	0		0		\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0		0			.00		.00	.000		.00		.00
ORAL SURGERY	0		0			.00		.00	.000		.00		.00
DRUGS	0		0			.00		.00	.000		.00		.00
ANESTHESIA	0		0			.00		.00	.000		.00		.00
PERIODONTICS	0		0			.00		.00	.000		.00		.00
ENDODONTICS	0		0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0			.00		.00	.000		.00		.00
PROSTHETICS	0		0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0			.00		.00	.000		.00		.00
THE CHILL DULLATORD	U		U			.00		.00	.000		.00		.00

MOP024

NEVADA COUNTY

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

PAGE 9,146

01/29/04

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE USER @OPTOMETRIST 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00 0 0 .00 .00 .000 .00 DIAGNOSTIC AND ANC. PROCED .00 0 .00 . 00 .000 . 00 . 00 EYE APPLIANCES Ω .00 0 .00 .00 .000 OTHER OPTOMETRIC SERVICES .00 .00 .00 \$ @CHIROPRACTOR .00 .000 \$ .00 0 .00 .00 .000 .00 .00 VISITS OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 \$ @PODIATRIST Ω .00 \$ .00 .000 \$ .00 .00 .00 .000 MEDICINE/INJECTIONS .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY .00 .00 .00 .000 .00 .00 . 00 .000 . 00 . 00 OTHER @HOME HEALTH AGENCY .00 .00 .000 \$ .00 \$ .00 .00 NURSE ANESTHESIST .00 Ś .00 .000 \$ Ś .00 \$ .00 .00 .000 .00 .00 NURSE MIDWIFE \$ Ś \$ \$ .00 .000 Ś .00 Ś PEDIATRIC NURSE PRACTITIONER .00 .00 .000 Ś FAMILY NURSE PRACTITIONER .00 .00 Ś .00 Ś .00 .00 @TOTAL HOSPITAL .00 .000 \$ .00 .00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 .000 .00 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .000 .00 .00 ACCOMMODATIONS ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM .00 .00 .000 . 00 .00 ANCILLARIES 0 .00 .00 .000 .00 .00 .00 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 .00 .000 . 00 ALL OTHER INPATIENT . 00 .00 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 MEDICAL .00 .00 .000 .00 .00 .00 .00 .00 SURGERY .000 .00 .000 PATHOLOGY .00 .00 .00 .00 .000 RADIOLOGY 0 .00 .00 .00 .00 0 .00 .00 ROOM USE .00 .000 .00 CROSSOVERS/ALL OTH OUTPTNT 0 .00 .00 .000 .00 .00 @COUNTY HOSPITAL TOTAL .00 .00 .000 \$ .00 \$ .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 . 00 .00 .00 .00 .000 .00 .00 HSC HOSPITALS NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 ANCILLARIES .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 INPATIENT CROSSOVERS ALL OTHER INPATIENT .00 .00 .000 .00 .00 CO HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 .00 .00 .000 .00 PATHOLOGY .00 .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .00 ROOM USE .000 .00 .00 .00 .00 Ω .000 CROSSOVERS/ALL OTH OUTPTNT Ω .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,147 MOP024 NEVADA COUNTY FEE-FOR-SERVICE/DENTAL 01/29/04

WE VIEI COONTI	BOTHLING OF BLICV	TODO TOTO PILIT	NO DOC	THE THE THIRD	1110	HID CODE	M	ОИТ	HLY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY		COST PER		COST PER
00 22101222	02210	OR DAYS OF CAR					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000		.00		.00
COMM HOSP INPATIENT TOTAL	0	0	т	.00	τ	.00	.000	Ψ.	.00	т	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	٧	.00	٧	.00	.000	Y	.00	٧	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0	٧	.00	٧	.00	.000	Y	.00	Y	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0	٧	.00	٧	.00	.000	Y	.00	Y	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	٧	.00	٧	.00	.000	Y	.00	٧	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	٧	.00	Υ	.00	.000	٧	.00	٧	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0	т	.00	τ	.00	.000	Ψ.	.00	т	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0	т	.00	т.	.00	.000	т	.00	т	.00
SURGICENTER	0	Ō		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITU	RES MOI	NTH-OF-PAYMENT RE	EPORT			DEC		Р	AGE 9,148
MOP024	FEE-FOR-SERVICE			-	_						01/29/04
NEVADA COUNTY			NO SOC	- AID PAID PENDI	ING	AID CODE	81				. , . , .
							M	ONT	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY				COST PER
<del> </del>		OR DAYS OF CAR					PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.00	.000		.00		.00
DURABLE MED. EQUIP.	0	0		.00	•	.00	.000	•	.00	r	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
	<del>-</del>	3									

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
O# MOMATO TAI MUDOD TIANDO ADD CITION		TATE OF ASSET ON THE ASSET OF					

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,149
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86	

NEVADA COUNTI	SUMMARI OF SERV	VICES FOR MIA - NO	, 20C -	- PKEGNANI	AID CODE	00		
						MO1	THLY AVERA	GE
41 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	27	150	\$	13,733.27	\$ 91.56	3.659	508.64	\$ 334.96
@PHYSICIANS SERVICES	9	28	\$	2,455.01	\$ 87.68	.683	272.78	\$ 59.88
OUTPATIENT VISITS	6	9		572.30	63.59	.220	95.38	13.96
OFFICE VISITS	3	6		193.37	32.23	.146	64.46	4.72
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	3		378.93	126.31	.073	126.31	9.24
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	3	7		280.49	40.07	.171	93.50	6.84
HOSPITAL VISITS	3	7		280.49	40.07	.171	93.50	6.84
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	3		1,324.73	441.58	.073	1324.73	32.31
PRINCIPAL SURGEON	1	2		1,138.23	569.12	.049	1138.23	27.76
ASSISTANT SURGEON	1	1		186.50	186.50	.024	186.50	4.55
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		9.12	9.12	.024	9.12	.22
PRINCIPAL SURGEON	1	1		9.12	9.12	.024	9.12	.22
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00

DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	6	135.11	22.52	.146	45.04	3.30
RADIOLOGY	1	1	25.18	25.18	.024	25.18	.61
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	108.08	108.08	.024	108.08	2.64
@PHARMACY	11	22	\$ 1,927.23	\$ 87.60	.537	\$ 175.20	\$ 47.01
PRESCRIPTION DRUGS	11	22	1,927.23	87.60	.537	175.20	47.01
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	11	22	1,927.23	87.60	.537	175.20	47.01
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	NTH-OF-PAYMENT REPORT	FOR JAN 20	03 THRU DEC	2003	PAGE	9,150
MOP024	FEE-FOR-SERVICE/DENTA	L					01/	29/04
NEVADA COUNTY	SUMMARY OF SERVICES F	OR MIA - NO SOC	- PREGNANT	AID CODE 8	6			
				_	MONTH	ILY AVERAG	E	

NEVADA COUNTY	SUMMARY OF SERVICE		MTA - NO	) SOC -	DREGNANT		AID CODE	86				01/25/01
NEVIEN COONT	BOMMET OF BLICVIC	DD I OK	11111 100	, 500	TREGIVENT		MID CODE	MO	דעכ	HLY AVERA	GE.	
41 ELIGIBLES	USERS U	NITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST					COST PER
11 22101220	0.000		OF CARE					PER ELIG				ELIGIBLE
@OPTOMETRIST	1			\$	90.30	\$	22.58	.098				-
DIAGNOSTIC AND ANC. PROCED	_ 1		1	т	47.45	-	47.45	.024			т	1.16
EYE APPLIANCES	1		3		42.85		14.28	.073		42.85		1.05
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHTROPRACTOR	0		0 0	\$		\$	.00	.000	Ġ	.00	Ś	.00
VISITS	0		0	т	.00	-	.00	.000	т	.00	т.	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00		.00
MEDICINE/INJECTIONS	0		0	•	.00	·	.00	.000	•	.00	·	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0 0 0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00		.00	.000		.00		.00
NURSE MIDWIFE	2		10	\$	615.42	\$	61.54	.244	\$	307.71	\$	15.01
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	12		82	\$	8,516.07	\$	103.85	2.000	\$	709.67	\$	207.71
HOSP INPATIENT TOTAL	2		8		6,485.06		810.63	.195		3242.53		158.17
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0 0 0 0 0 0 0 0 0 2 0 0 12 2 0 0 2 2 2 0 0 0 2 2 2 0 0 0 1 1 1 1		8 0 8 8 0 0 8 0		6,485.06		810.63	.195		3242.53		158.17
ACCOMMODATIONS	2		8		2,767.36		345.92	.195		1383.68		67.50
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2		8		2,767.36		.00 345.92 .00	.195		1383.68		67.50
ANCILLARIES	2		0		3,717.70		.00	.000		1858.85		90.68
INPATIENT CROSSOVERS	0				.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	11		74		2,031.01		27.45	1.805		184.64 61.29		49.54
MEDICAL	1		1		61.29		61.29	.024		61.29		1.49
SURGERY	1		1		58.34		58.34	.024		58.34		1.42
PATHOLOGY	6		11		166.62		15.15	.268		27.77		4.06
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	7		14		463.87		33.13	.341		66.27		11.31
	8		47	4.	1,280.89	4.	27.25	1.146		160.11	4.	31.24
@COUNTY HOSPITAL TOTAL	0		0	\$		\$	.00	.000	Ş		Ş	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	U		U		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	U		U		.00		.00	.000		.00		.00
ALL OTHER ACCOM	U		0		.00		.00	.000		.00		.00
ANCILLARIES	U		U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	003 THRU DEC	2003	PAGE 9,151
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES F	OR MIA - NO S	OC - PREGNANT	AID CODE	86		
					MONTE	ILY AVERAG	E

NEVIDII COUNTI	BOINIMET OF BLICV	ICDD TOR	1.1111 10	0 500	I ICE GIVI IIV I		TIED CODE	M	ОМТ	HIV VALEDA	GE	
41 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	Δ1/EE	AGE COST	UNITS/DAY		COST PER	CE	COST PER
11 111010110		OR DAYS			LZI LIIDI I OKLO			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	12	OR DIIID	82	\$	8,516.07		103.85			709.67	Ś	
COMM HOSP INPATIENT TOTAL	2		8	٧	6,485.06		810.63	.195	Y	3242.53	٧	158.17
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	2		8		6,485.06		810.63	.195		3242.53		158.17
ACCOMMODATIONS	2		8		2,767.36		345.92	.195		1383.68		67.50
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	Ô		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2		8		2,767.36		345.92	.195		1383.68		67.50
ANCILLARIES	2		0		3,717.70		.00	.000		1858.85		90.68
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0 0 11		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	11		74		2,031.01		27.45	1.805		184.64		49.54
MEDICAL	1		1		61.29		61.29	.024		61.29		1.49
SURGERY	1		1		58.34		58.34	.024		58.34		1.42
PATHOLOGY	6		11		166.62		15.15	.268		27.77		4.06
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	7		14		463.87		33.13	.341		66.27		11.31
CROSSOVERS/ALL OTH OUTPTNT	8		47		1,280.89		27.25	1.146		160.11		31.24
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0		Ö	7	.00	т.	.00	.000	т.	.00	-	.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$		\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0		0	•	.00		.00	.000	•	.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1		1	\$	7.60	\$	7.60	.024	\$	7.60	\$	.19
PATHOLOGY	1		1		7.60		7.60	.024		7.60		.19
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00

0 0 .000 .00 RURAL HEALTH CLINIC .00 .00 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV

PAGE 9,152 01/29/04 MOP024 FEE-FOR-SERVICE/DENTAL NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

NEVADA COUNTI	SUMMARI OF SERV	ATCES FOR MIN - IN	500	- PKEGNANI		AID CODE	00			
							MO	NTHLY AVERA	GE -	
41 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURE	S	AVERAGE COST	UNITS/DAYS	COST PER	C'	OST PER
		OR DAYS OF CARE				PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	2	3	\$	121.6	54	\$ 40.55	.073	\$ 60.82	\$	2.97
DURABLE MED. EQUIP.	0	0		. (	0 (	.00	.000	.00		.00
BLOOD BANK	0	0		. (	0 (	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		. (	0 (	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		. (	0 (	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		. (	0 (	.00	.000	.00		.00
OTHER TRANS	0	0		. (	0 (	.00	.000	.00		.00
OTHER SERVICES	0	0		. (	0 (	.00	.000	.00		.00
ACUPUNCTURE	0	0		. (	0 (	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		. (	0 (	.00	.000	.00		.00
GENETIC DISEASE TESTING	1	1		105.0	0 (	105.00	.024	105.00		2.56
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		. (	0 (	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		. (	0 (	.00	.000	.00		.00
OPTICIAN	1	2		16.6	54	8.32	.049	16.64		.41
PHYSICAL THERAPIST	0	0		. (	0 (	.00	.000	.00		.00
PORTABLE X-RAY	0	0		. (	0 (	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		. (	0 (	.00	.000	.00		.00
PROSTHETICS	0	0		. (	0 (	.00	.000	.00		.00
ORTHOTICS	0	0		. (	0 (	.00	.000	.00		.00
PSYCHOLOGIST	0	0		. (	0 (	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		. (	0 (	.00	.000	.00		.00
HOSPICE SERVICES	0	0		. (	0 (	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		. (	0 (	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		. (	0 (	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		. (	0 (	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		. (	0 (	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		. (	0 (	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0		. (	0 (	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$	. (	0 (	\$ .00	.000	\$ .00	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	. (	0 (	\$ .00	.000	\$ .00	\$	.00
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	RATE INFORMATION I	TEM (	NLY;						
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AF	PROPRIATE DETAIL	LINES	B ABOVE.						

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,153 FEE-FOR-SERVICE/DENTAL MOP024 01/29/04 NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

						MOI	NTHLY AVERA	GE
41 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	27	150	\$	13,733.27	\$ 91.56	3.659	\$ 508.64	\$ 334.96
@PHYSICIANS SERVICES	9	28	\$	2,455.01	\$ 87.68	.683	\$ 272.78	\$ 59.88
OUTPATIENT VISITS	6	9		572.30	63.59	.220	95.38	13.96
OFFICE VISITS	3	6		193.37	32.23	.146	64.46	4.72
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	3		378.93	126.31	.073	126.31	9.24
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	3	7		280.49	40.07	.171	93.50	6.84
HOSPITAL VISITS	3	7		280.49	40.07	.171	93.50	6.84
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00	)	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	)	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	1	3		1,324.73	3	441.58	.073	1324.73		32.31
PRINCIPAL SURGEON	1	2		1,138.23	3	569.12	.049	1138.23		27.76
ASSISTANT SURGEON	1	1		186.50	)	186.50	.024	186.50		4.55
ANESTHESIOLOGIST	0	0		.00	)	.00	.000	.00		.00
OUTPATIENT SURGERY	1	1		9.12	2	9.12	.024	9.12		.22
PRINCIPAL SURGEON	1	1		9.12	2	9.12	.024	9.12		.22
ASSISTANT SURGEON	0	0		.00	)	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	)	.00	.000	.00		.00
DIALYSIS	0	0		.00	)	.00	.000	.00		.00
PATHOLOGY	3	6		135.11	L	22.52	.146	45.04		3.30
RADIOLOGY	1	1		25.18	3	25.18	.024	25.18		.61
PSYCHIATRY	0	0		.00	)	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	)	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		108.08	3	108.08	.024	108.08		2.64
@PHARMACY	11	22	\$	1,927.23	\$ \$	87.60	.537	\$ 175.20	\$	47.01
PRESCRIPTION DRUGS	11	22		1,927.23	3	87.60	.537	175.20		47.01
SNF/ICF	0	0		.00	)	.00	.000	.00		.00
OUTPATIENTS	11	22		1,927.23	3	87.60	.537	175.20		47.01
MEDICAL SUPPLIES	0	0		.00	)	.00	.000	.00		.00
@DENTIST	0	0	\$	.00	) \$	.00	.000	\$ .00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	)	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	)	.00	.000	.00		.00
DRUGS	0	0		.00	)	.00	.000	.00		.00
ANESTHESIA	0	0		.00	)	.00	.000	.00		.00
PERIODONTICS	0	0		.00	)	.00	.000	.00		.00
ENDODONTICS	0	0		.00	)	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	)	.00	.000	.00		.00
PROSTHETICS	0	0		.00	)	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	)	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	)	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	)	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	)	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	)	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	)	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITUR	RES MON	TH-OF-PAYMENT	REPOR	T FOR JAN 2	003 THRU I	DEC 2003	PAC	GE 9,154
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR	R MIA - N	10 SOC	- TOTAL						
							3.00			

NEVIBIL COONTI	DOMINICI OI DIN	VICED FOR MIN I	10 DOC	1011111							
							Mo	$\Gamma$ NC	THLY AVERA	GE	
41 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AV.	ERAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF CAR	€		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	4	\$	90.30	\$	22.58	.098	\$	90.30	\$	2.20
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.024		47.45		1.16
EYE APPLIANCES	1	3		42.85		14.28	.073		42.85		1.05
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	2	10	\$	615.42	\$	61.54	.244	\$	307.71	\$	15.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	12	82	\$	8,516.07	\$	103.85	2.000	\$	709.67	\$	207.71

HOSP INPATIENT TOTAL	2	8	6,485.06	810.63	.195	3242.53	158.17
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	8	6,485.06	810.63	.195	3242.53	158.17
ACCOMMODATIONS	2	8	2,767.36	345.92	.195	1383.68	67.50
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8	2,767.36	345.92	.195	1383.68	67.50
ANCILLARIES	2	0	3,717.70	.00	.000	1858.85	90.68
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	11	74	2,031.01	27.45	1.805	184.64	49.54
MEDICAL	1	1	61.29	61.29	.024	61.29	1.49
SURGERY	1	1	58.34	58.34	.024	58.34	1.42
PATHOLOGY	6	11	166.62	15.15	.268	27.77	4.06
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	7	14	463.87	33.13	.341	66.27	11.31

CROSSOVERS/ALL OTH OUTPTNT	8	47		1,280.89		27.25	1.146		160.11		31.24
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES MO	ONTH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	PAGE	9,155
MOP024	FEE-FOR-SERVICE/DENTAL									0	1/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR	MIA -	NO SO	C - TOTAL							

----- MONTHLY AVERAGE -----41 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER ELIGIBLE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 8,516.07 2.000 \$ @COMMUNITY HOSPITAL TOTAL 12 82 \$ 103.85 709.67 \$ 207.71 COMM HOSP INPATIENT TOTAL 8 6,485.06 810.63 .195 3242.53 158.17 0 .00 .00 .000 .00 .00 HSC HOSPITALS NON-HSC HOSPITALS TOTAL 6,485.06 810.63 .195 3242.53 158.17 345.92 1383.68 ACCOMMODATIONS 2,767.36 .195 67.50 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 2,767.36 345.92 .195 1383.68 ALL OTHER ACCOM 67.50 ANCILLARIES 3,717.70 .00 .000 1858.85 90.68 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 11 74 2,031.01 27.45 1.805 COMM HOSP OUTPATIENT TOTAL 184.64 49.54 61.29 MEDICAL 61.29 .024 61.29 1.49 SURGERY 1 58.34 58.34 .024 58.34 1.42 11 166.62 15.15 27.77 PATHOLOGY .268 4.06 RADIOLOGY 0 .00 .00 .000 .00 .00 ROOM USE 14 463.87 33.13 .341 66.27 11.31 CROSSOVERS/ALL OTH OUTPTNT 47 1,280.89 27.25 1.146 160.11 31.24 @STATE HOSPITAL .00 .00 .000 \$ .00 \$ .00 0 MENTALLY ILL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 DEVELOP. DISABLED .00 .00 .00 .00 @NURSING FACILITY .000 \$ LEV A-INTERMEDIATE .00 .00 .000 .00 .00 .00 .00 .00 .00 LEV B-REHAB MD .000 0 .00 LEV B-SUBACUTE FREESTANDING .00 .000 .00 .00 LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .00 .000 .00 LEV B-REGULAR 0 .00 .000 .00 .00 .00 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$ .00 .00 ICF DDH .00 .00 .000 .00 .00 .00 .00 .00 ICF DD .000 .00 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 .00 @HEMODIALYSIS TOTAL .00 .000 \$ .00 .00 .00 .00 .000 .00 .00 HOSPITAL BASED HEMODIALYSIS CENTER .00 .00 .000 .00 .00

@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1 \$	7.60	\$ 7.60	.024	\$ 7.60	\$ .19
PATHOLOGY	1	1	7.60	7.60	.024	7.60	.19
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JA	N 2003 THRU D	EC 2003	PAGE 9,156
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FO	R MIA - NO	SOC - TOTAL				
					MOI	NTHLY AVERA	GE
41 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE CO	ST UNITS/DAYS	COST PER	COST PER
	OR DA	VS OF CARE		DER HMTT/D	AV DER ELTG	HERR	FI.TGTRI.F

41 ELIGIBLES	USERS	UNITS OF SERVICE	EX	PENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	_	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	3 \$		121.64	\$ 40.55	.073 \$		•
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1		105.00	105.00	.024	105.00	2.56
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	2		16.64	8.32	.049	16.64	.41
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$		.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$		.00	\$ .00	.000 \$	.00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,157
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

							MO	NTHLY	AVER/	4GE	
39 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST	PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	US	ER		ELIGIBLE
@TOTAL, ALL PROVIDERS	52	1,348	\$	106,739.84	\$	79.18	34.564	\$ 205	2.69	\$	2736.92
@PHYSICIANS SERVICES	13	42	\$	1,759.71	\$	41.90	1.077	\$ 13	5.36	\$	45.12
OUTPATIENT VISITS	5	22		1,121.73		50.99	.564	22	4.35		28.76
OFFICE VISITS	3	7		175.50		25.07	.179	5	8.50		4.50

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	0	0	.00		.000		.00	.00
EMERGENCY ROOM	3	15	946.23	63.	08 .38!	5	315.41	24.26
PREVENTIVE CARE	0	0	.00	) .	00 .000	0	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	) .	.000	0	.00	.00
OTHER OUTPATIENT	0	0	.00	)	00 .000	0	.00	.00
INPATIENT VISITS	4	7	205.80				51.45	5.28
HOSPITAL VISITS	Ô	0	.00		00 .000		.00	.00
CRITICAL CARE	0	0	.00		00 .000		.00	.00
SNF/ICF/TRANS IP CARE	4	7	205.80				51.45	5.28
	4	,					.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00					.00
EXAMINATIONS	U	U	.00		.00		.00	.00
SERVICES AND MATERIALS	0	0	.00		.00		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00		00 .000		.00	.00
PRINCIPAL SURGEON	0	0	.00		.000		.00	.00
ASSISTANT SURGEON	0	0	.00		00 .000		.00	.00
ANESTHESIOLOGIST	0	0	.00		.000		.00	.00
OUTPATIENT SURGERY	2	3	285.93	95.	31 .07'	7	142.97	7.33
PRINCIPAL SURGEON	2	3	285.93	95.	31 .07	7	142.97	7.33
ASSISTANT SURGEON	0	0	.00	) .	.000	0	.00	.00
ANESTHESIOLOGIST	0	0	.00	) .	00 .000	0	.00	.00
DIALYSIS	0	0	.00		00 .000	0	.00	.00
PATHOLOGY	0	0	.00	)	00 .000	0	.00	.00
RADIOLOGY	6	9	108.56				18.09	2.78
PSYCHIATRY	0	0	.00		00 .000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00		00 .000		.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	37.69				37.69	.97
@PHARMACY	36		\$ 10,966.15				304.62	\$ 281.18
	35	217	•	•			304.62	271.58
PRESCRIPTION DRUGS	26	173	10,591.58				330.56	271.56
SNF/ICF			8,594.68					
OUTPATIENTS	10	44	1,996.90				199.69	51.20
MEDICAL SUPPLIES	6	19	374.57				62.43	9.60
@DENTIST	0		\$ .00	•	.00			\$ .00
VISITS - DIAGNOSTIC	0	0	.00		.000		.00	.00
ORAL SURGERY	0	0	.00		00 .000		.00	.00
DRUGS	0	0	.00		.000	0	.00	.00
ANESTHESIA	0	0	.00	) .	.000	0	.00	.00
PERIODONTICS	0	0	.00	) .	00 .000	0	.00	.00
ENDODONTICS	0	0	.00	) .	00 .000	0	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	) .	00 .000	0	.00	.00
PROSTHETICS	0	0	.00	) .	00 .000	0	.00	.00
DENTURES, STAYPLATES	0	0	.00	) .	00 .000	0	.00	.00
SPACE MAINTAINERS	0	0	.00		00 .000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00		00 .000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00		00 .000		.00	.00
ORTHODONTIC SERVICES	0	0	.00		00 .000		.00	.00
ALL OTHER SERVICES	0	0	.00		00 .000		.00	.00
#CALIF DEPT OF HEALTH SERV	•	•	S MONTH-OF-PAYMENT					PAGE 9,158
MOP024	FEE-FOR-SERVICE		5 MONTH-OF-FAIMENT	KEFOKI FOR	UAIN ZUUJ INK	ט בוע	2003	01/29/04
NEVADA COUNTY			C _ ITC	N T I	CODE 53			01/25/04
MEANDY COOMII	SUMMARI OF SERV	ICES FOR MIA - SO	С – ПІС	AID		MONTERT	T 37 7 3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	CE.
39 ELIGIBLES	HCEDC	INITEC OF CEDITOR	EXPENDITURES	7775577			LY AVERA	
SA FTIGIRTES	USERS	UNITS OF SERVICE	FVAFINDTIOKES	-	COST UNITS/DA			COST PER
OODEOMEED I CE	1	OR DAYS OF CARE	ć (0.74		'/DAY PER EL:		USER	ELIGIBLE
@OPTOMETRIST	1	2	\$ 68.76	5 \$ 34.	30 .05.	1 \$	68.76	\$ 1.76

2 1 @OPTOMETRIST \$ 68.76 34.38 .051 \$ 68.76 \$ 1.76 DIAGNOSTIC AND ANC. PROCED 47.45 47.45 1.22 47.45 .026 EYE APPLIANCES 1 21.31 21.31 .026 21.31 .55 0 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR 0 \$ .00 \$ .00 .000 \$ .00 \$ .00 VISITS 0 0 .00 .00 .000 .00 .00 0 OTHER SERVICES .00 .00 .000 .00 .00 0 0 @PODIATRIST 0 \$ .00 \$ .00 .000 \$ .00 \$ .00

MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0 \$	5	.00	\$	.00	.000	\$ .00	\$	.00
NURSE ANESTHESIST	0	0 \$		.00	\$	.00	.000	•	Ś	.00
NURSE MIDWIFE	0	0 \$		.00	\$	.00	.000	\$ .00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$		.00	\$	.00	.000	•		.00
FAMILY NURSE PRACTITIONER	0	0 \$		.00	\$	.00	.000			.00
@TOTAL HOSPITAL	7	88 \$	. 1	588.77		18.05	2.256	•		40.74
HOSP INPATIENT TOTAL	0	0		.00	т	.00	.000	.00	τ	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	7	88	1	588.77		18.05	2.256	226.97		40.74
HOSP OUTPATIENT TOTAL	7	2	Ι,	42.95		21.48		21.48		1.10
MEDICAL	2	3		42.95 64.77		21.48	.051			
SURGERY	<u> </u>						.077	32.39		1.66
PATHOLOGY	4	38		450.03		11.84	.974	112.51		11.54
RADIOLOGY	4	5		215.64		43.13	.128	53.91		5.53
ROOM USE	4	13		456.91		35.15	.333	114.23		11.72
CROSSOVERS/ALL OTH OUTPTNT	5	27		358.47	_	13.28	.692	71.69		9.19
@COUNTY HOSPITAL TOTAL	0	0 \$	5	.00	\$	.00	.000		\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	S MONTH-OF-PA	YMENT R	EPORT	FOR JAN 2	2003 THRU DI	EC 2003	PI	AGE 9,159
MOP024	FEE-FOR-SERVICE/D	ENTAL								01/29/04
NEVADA COUNTY	SUMMARY OF SERVIC	ES FOR MIA - SOC	C - LTC			AID CODE				
							MOI	NTHLY AVERA	GE -	
39 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENI	ITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	88 \$	1,	588.77	\$	18.05	2.256	\$ 226.97	\$	40.74
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HCC HOCDITALC	0	Λ		0.0		0.0	000	0.0		0.0

HSC HOSPITALS .00 0 0 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .000 .00 .00 ACCOMMODATIONS 0 .00 .00 .000 .00 .00 0 .00 .00 ADMINISTRATIVE DAYS 0 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 0 0 .00 .000 .00 0 ALL OTHER ACCOM 0 .00 .00 .000 .00 .00 0 ANCILLARIES 0 .00 .00 .000 .00 .00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	88	1,588.77	18.05	2.256	226.97	40.74
MEDICAL	2	2	42.95	21.48	.051	21.48	1.10
SURGERY	2	3	64.77	21.59	.077	32.39	1.66
PATHOLOGY	4	38	450.03	11.84	.974	112.51	11.54
RADIOLOGY	4	5	215.64	43.13	.128	53.91	5.53
ROOM USE	4	13	456.91	35.15	.333	114.23	11.72
CROSSOVERS/ALL OTH OUTPINT	5	27	358.47	13.28	.692	71.69	9.19
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	25	779	\$ 88,717.38	\$ 113.89	19.974	\$ 3548.70	\$ 2274.80
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	25	779		88	3,717.38		113.89	19.974		3548.70		2274.80
@INTERMEDIATE CARE FACILDD	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0			.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	2	17	\$		356.45	\$	20.97	.436	\$	178.23	\$	9.14
HOSPITAL BASED	2	17			356.45		20.97	.436		178.23		9.14
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	29	\$		216.59	\$	7.47	.744	\$	36.10	\$	5.55
PATHOLOGY	6	29			216.59		7.47	.744		36.10		5.55
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0			.00		.00	.000		.00		.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITU	JRES 1	MONTH-OF-F	PAYMENT I	REPORT	FOR JAN	2003 THRU	DEC	2003	P.	AGE 9,160
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR	MIA -	SOC	- LTC			AID CODE	53				

EXPENDITURES

.00

\$

6,027.08

----- MONTHLY AVERAGE -----

COST PER

AVERAGE COST UNITS/DAYS COST PER

.000

.436

\$

\$

.00

1205.42

\$

\$

.00

154.54

.00

354.53

OR DAYS OF CARE USER ELIGIBLE PER UNIT/DAY PER ELIG 12 3.974 \$ @ALL OTHER PROVIDERS 155 3,066.03 19.78 255.50 \$ 78.62 DURABLE MED. EQUIP. 3 31 1,208.79 38.99 .795 402.93 30.99 BLOOD BANK 0 .00 .00 .000 .00 .00 0 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION 100 965.47 9.65 2.564 137.92 24.76 482.68 160.89 AMBULANCES/AIR TRANS 96.54 .128 12.38 482.79 5.08 2.436 120.70 12.38 OTHER TRANS OTHER SERVICES .00 .000 0 .00 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 .000 .00 GENETIC DISEASE TESTING .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN 0 .00 .00 .000 .00 .00 PHYSICAL THERAPIST 19 279.25 14.70 .487 93.08 7.16 PORTABLE X-RAY .00 .00 .000 .00 .00 612.52 122.50 153.13 PROSTHETIST/ORTHOTISTS .128 15.71 PROSTHETICS 612.52 122.50 .128 153.13 15.71 .00 .000 .00 .00 ORTHOTICS .00 .00 PSYCHOLOGIST .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .000 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .000 .00 .00

17

USERS

UNITS OF SERVICE

39 ELIGIBLES

@CALIF. CHILDREN SERVICES\*

@XOVER EXCLUDING STATE HOSP\*\*

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

# SENV | MEDITICAL SERVICES AND EXCENDITURES MONTH-OP-PAYMENT REPORT FOR JAN 2003 THRU DEC 2014 | 101/26/24 | 101/150 PE SERVICES FOR NEA 500 - PERDANAT | ALD CODE 87 | MONTHLY AVERAGE | ALD

OR DAYS OF CARE	00 ELIGIBLES		NITS OF SERVICE		AVERAGE COST		COST PER USER	COST PER
DIAGNOSTIC AND ANC, PROCED  THE APPLIANCES  1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@ODTOMETD I CT							
OTHER OFFICENCES  O								•
OTHER CYTOMETRIC SERVICES  0 0 0 S 00 00 S 00 S 00 S 00 S 00 S								
RECHISPRACTIOR  O		U						
OTHER SERVICES		0						
OTHER SERVICES		0				· ·		•
## SPODIATRIST    0		0						
MEDICINE/INDECTIONS	OTHER SERVICES	0				.000	.00	.00
SIRGERY/ANES. 0 0 0 .00 .000 .00 .00 .00 .00 .00 .0	@PODIATRIST	0	0 \$		\$ .00	.000 \$		\$ .00
RADIO_/PATROLOGY	MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
OTHER	SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
### HEALTH AGENCY	RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
NURSE MORNIFE 0 0 \$ .00	OTHER	0	0	.00	.00	.000	.00	.00
NURSE MORNIFE 0 0 \$ .00	@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDNIFF	NURSE ANESTHESIST	0	0 Ś			· ·		•
PEDITATRIC NURSE PRACTITIONER		0	0 \$			· ·		•
FAMILY NURSE PERCITIONER  0 0 \$ .00 \$ .00 .00 \$		0	0 \$		•	•		
## COTAL HOSPITAL    0		0	0 \$			· ·		•
HOSP INPATIENT TOTAL		0	0 \$			· ·		•
HSC HOSPITALS		Ů	0			· ·		•
NON-HSC HOSPITAL TOTAL ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
ACCOMMODATIONS		0	0					
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
TRANSITIONAL IP CARE		0	0					
ALL OTHER ACCOM  ANCILLARIES  0 0 0 0 0 0 00 000 000 000 000  INDATLENT CROSSOVERS  0 0 0 0 0 0 0 00 000 000 000  ALL OTHER INDATLENT  0 0 0 0 0 0 0 00 000 000 000  ALL OTHER INDATLENT  0 0 0 0 0 0 0 00 000 000 000  MEDICAL  0 0 0 0 0 0 0 0 00 000 000 000  MEDICAL  SURGERY  0 0 0 0 0 0 0 0 00 000 000 000  PATHOLOGY  RADHOLOGY  R		0	0					
ANCILIARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
INPATIENT CROSSOVERS		0	0					
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0					
HOSP OUTPATIENT TOTAL		0	0					
MEDICAL  MED		0	0					
SURGERY 0 0 0 00 00 00 00 00 00 00 00 00 00 00	HOSP OUTPATIENT TOTAL	0	0					
PATHOLOGY	MEDICAL	0	0					
RADIOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SURGERY	0	0		.00	.000		.00
ROOM USE	PATHOLOGY	0	0		.00	.000		
CROSSOVERS/ALL OTH OUTPINT	RADIOLOGY	0	0	.00	.00	.000		.00
## COUNTY HOSPITAL TOTAL  O O S	ROOM USE	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS  0 0 0 00 00 00 00 00 00 00 00 00 00 00	@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NON-HSC HOSPITALS TOTAL	CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0					
ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		0	0					
INPATIENT CROSSOVERS   0		0	0					
ALL OTHER INPATIENT O		0	0					
CO HOSP OUTPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 MEDICAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		Ô	0					
MEDICAL         0         0         .00 <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>		0	0					
SURGERY PATHOLOGY O O O O O O O O O O O O O O O O O O		0	0					
PATHOLOGY 0 0 0 00 00 00 00 00 00 00 00 00 00 00		0	0					
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0		0	0					
ROOM USE       0       0       .00		0	0					
CROSSOVERS/ALL OTH OUTPTNT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0					
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,163 MOP024 FEE-FOR-SERVICE/DENTAL NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87		· ·	·					
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87		•						
NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87				NTH-OF-PAYMENT REF	PORT FOR JAN 2	OUS THRU DEC	2003	
					3.77	0.17		01/29/04
	NEVADA COUNTY	SUMMARY OF SERVIC	ES FOR MIA - SOC -	PREGNANT	AID CODE			7.0

		OR DAYS OF CARE			PF	R UNIT/DAY	PER ELTO	7	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000		.00	\$ _	.00
COMM HOSP INPATIENT TOTAL	0	0	•	.00		.00	.000		.00	•	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	Ů.	0	\$	.00		.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	Y	.00		.00	.000	Ÿ	.00	Ų	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0	Y	.00	Y	.00	.000	Ÿ	.00	Ų	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0	Ą	.00		.00	.000	Ą	.00	Ą	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	بع	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	\$	.00	Ą	.00	.000	Ą	.00	Ą	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
	0	0	۲,	.00	\$		.000	ب.		۲.	.00
@REHABILITATION FACILITY	0	0	\$	.00	Ą	.00	.000	\$	.00	\$	
HOSPITAL BASED	0	0		.00		.00 .00	.000		.00		.00
INDEPENDENT FACILITY	0	0	بع	.00	\$		.000	۲۰		\$	
@LABORATORY FACILITY	0	0	\$	.00	Ą	.00 .00	.000	\$	.00	Ą	.00
PATHOLOGY XO AND OTHERS	0	0		.00		.00	.000		.00		.00
	0	0	\$	.00	بع		.000	۲.		۲.	
@ORGANIZED OUTPATIENT CLINIC CLINIC	0	0	Ą		\$	.00	.000	\$	.00	\$	.00
	0	0		.00		.00			.00		.00
SURGICENTER HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
	0	0				.00	.000		.00		.00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	•	ES AND EXPENDITUR	EC 1	.00.			000.	חבים		ע כו	GE 9,164
MOP024	FEE-FOR-SERVICE		EO .	MONTH-OF-PAIMENT	KEPOF	I FOR UAN .	2003 IHKU	DEC	2003	PA	01/29/04
NEVADA COUNTY		ICES FOR MIA - S	00	DDECNAMT		AID CODE	07				01/29/04
NEVADA COUNTI	SUMMARI OF SERV	ICES FOR MIA - S	UC	- PREGNANT		AID CODE		//ONTT	HLY AVERA	≃ເ _	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7.1	ERAGE COST					OST PER
00 EDIGIBLES	OBERD	OR DAYS OF CARE		EXFENDITORES		R UNIT/DAY			USER		LIGIBLE
@ALL OTHER PROVIDERS	0	0 0	\$	.00		.00	.000		.00		.00
DURABLE MED. EQUIP.	Õ	0	٧	.00		.00	.000	٧	.00	Y	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRUINS	U	U		.00		.00	.000		.00		.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	Λ	0	.00	.00	.000	.00	.00
	U	U		.00		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00

PAGE 9,165

01/29/04

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

NEVADA COUNTI	SOMMAKI OF SEK	VICES FOR MIA S	<i>J</i> C	IOIAL		MON	מ מ דער ע. דעריו	CF	
39 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	_	COST PER
39 EDIGIDDES	OBERD	OR DAYS OF CARE		EXFENDITORES	PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	52	1,348	\$	106,739.84	\$ 79.18	34.564 \$			2736.92
@PHYSICIANS SERVICES	13	42	\$ \$		\$ 41.90			\$	45.12
			Þ	1,759.71		1.077 \$		Þ	
OUTPATIENT VISITS	5	22		1,121.73	50.99	.564	224.35		28.76
OFFICE VISITS	3	7		175.50	25.07	.179	58.50		4.50
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	3	15		946.23	63.08	.385	315.41		24.26
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	4	7		205.80	29.40	.179	51.45		5.28
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	4	7		205.80	29.40	.179	51.45		5.28
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGERI	0	0		.00	.00	.000	.00		.00
	0	0							
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	U	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	2	3		285.93	95.31	.077	142.97		7.33
PRINCIPAL SURGEON	2	3		285.93	95.31	.077	142.97		7.33
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	6	9		108.56	12.06	.231	18.09		2.78
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		37.69	37.69	.026	37.69		.97
@PHARMACY	36	236	\$	10,966.15	\$ 46.47	6.051 \$		\$	281.18
PRESCRIPTION DRUGS	35	217	•	10,591.58	48.81	5.564	302.62	•	271.58
SNF/ICF	26	173		8,594.68	49.68	4.436	330.56		220.38
OUTPATIENTS	10	44		1,996.90	45.38	1.128	199.69		51.20
MEDICAL SUPPLIES	6	19		374.57	19.71	.487	62.43		9.60
@DENTIST	0	0	\$	.00	\$ .00	.000 \$		Ġ	.00
VISITS - DIAGNOSTIC	0	0	Ą	.00	.00	.000	.00	Ą	.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
	0	0							
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	•		.00	.00	.000	.00		.00
PERIODONTICS	Ü	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE	9,166
MOP024	FEE-FOR-SERVICE/DENT	AL					01/	29/04

SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

NEVADA COUNTY

ANCILLARIES

MEDICAL

INPATIENT CROSSOVERS

CO HOSP OUTPATIENT TOTAL

ALL OTHER INPATIENT

----- MONTHLY AVERAGE -----39 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG **USER** ELIGIBLE 2 @OPTOMETRIST 68.76 34.38 .051 \$ 68.76 Ś 1.76 47.45 DIAGNOSTIC AND ANC. PROCED 1 47.45 .026 47.45 1.22 21.31 .55 21.31 .026 21.31 EYE APPLIANCES OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 .00 .000 \$ .00 \$ .00 VISITS .00 . 00 .000 . 00 . 00 OTHER SERVICES .00 .00 .000 .00 .00 .00 .00 @PODIATRIST .000 .00 .00 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 SURGERY/ANES. 0 . 00 RADIO./PATHOLOGY .00 .00 .000 .00 OTHER 0 .00 .00 .000 .00 .00 .00 .00 @HOME HEALTH AGENCY .00 .000 .00 NURSE ANESTHESIST .00 .00 .000 .00 \$ .00 NURSE MIDWIFE .000 .00 .00 .00 .00 .00 .00 .000 .00 PEDIATRIC NURSE PRACTITIONER .00 0 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 .00 @TOTAL HOSPITAL 1,588.77 18.05 2.256 226.97 40.74 HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 .00 .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 . 00 .000 . 00 ACCOMMODATIONS .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 0 .00 .00 .000 ALL OTHER INPATIENT .00 .00 HOSP OUTPATIENT TOTAL 88 1,588.77 18.05 2.256 226.97 40.74 21.48 MEDICAL 42.95 .051 21.48 1.10 SURGERY 64.77 21.59 .077 32.39 1.66 38 450.03 11.84 .974 112.51 11.54 PATHOLOGY 5 RADIOLOGY 215.64 43.13 .128 53.91 5.53 13 456.91 35.15 .333 114.23 11.72 ROOM USE 358.47 13.28 .692 71.69 9.19 CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL .00 .00 .000 .00 Ś .00 CO HOSPITAL INPATIENT TOTAL 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .000 .00 ACCOMMODATIONS .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM

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SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN 2	2003 THRU DEC	2003	PAGE 9,167
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04

MOPUZ4	FEE-FOR-SERVICE		aoa	ПОПАТ					01/29/04
NEVADA COUNTY	SUMMARY OF SERV	VICES FOR MIA	- SOC	- TOTAL		MON	miii	aп	
20 81 10181 80	HGPDG	IBITEG OF GERI	T C D		ATTERNACE COCE	MON			
39 ELIGIBLES	USERS	UNITS OF SERV		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF C		1 500 55	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	/	88		1,588.77	\$ 18.05	2.256 \$		Ş	40.74
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	7	88		1,588.77	18.05	2.256	226.97		40.74
MEDICAL	2	2		42.95	21.48	.051	21.48		1.10
SURGERY	2	3		64.77	21.59	.077	32.39		1.66
PATHOLOGY	4	38		450.03	11.84	.974	112.51		11.54
RADIOLOGY	4	5		215.64	43.13	.128	53.91		5.53
ROOM USE	4	13		456.91	35.15	.333	114.23		11.72
CROSSOVERS/ALL OTH OUTPTNT	5	27		358.47	13.28	.692	71.69		9.19
@STATE HOSPITAL	0	0		.00	\$ .00	.000 \$		Ġ	.00
MENTALLY ILL	0	0	۲	.00	.00	.000	.00	Y	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	25	779		88,717.38	\$ 113.89		3548.70	ċ,	2274.80
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	Ą	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
		0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0							
LEV B-SUBACUTE HSPTL BASED	0			.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE		0		.00	.00	.000	.00		.00
LEV B-REGULAR	25	779		88,717.38	113.89	19.974	3548.70	_	2274.80
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000 \$		Ş	.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000 \$		\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	2	17		356.45	\$ 20.97	.436 \$		\$	9.14
HOSPITAL BASED	2	17		356.45	20.97	.436	178.23		9.14
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	6	29	\$	216.59	\$ 7.47	.744 \$	36.10	\$	5.55
PATHOLOGY	6	29		216.59	7.47	.744	36.10		5.55
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
CLINIC	0	0		.00	.00	.000	.00		.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	Ō	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV				MONTH-OF-PAYMENT R				P	AGE 9,168
MOP024	FEE-FOR-SERVICE							_	01/29/04
NEVADA COUNTY	CIIMMADV OF CEDI		_ SOC	_ T∩TAT					,,

SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

NEVADA COUNTY

39 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	0.0	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	12	155 \$	3,066.03	\$ 19.78	3.974	255.50	\$ 78.62
DURABLE MED. EQUIP.	3	31	1,208.79	38.99	.795	402.93	30.99
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	100	965.47	9.65	2.564	137.92	24.76
AMBULANCES/AIR TRANS	3	5	482.68	96.54	.128	160.89	12.38
OTHER TRANS	4	95	482.79	5.08	2.436	120.70	12.38
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	3	19	279.25	14.70	.487	93.08	7.16
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	5	612.52	122.50	.128	153.13	15.71
PROSTHETICS	4	5	612.52	122.50	.128	153.13	15.71
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	•
@XOVER EXCLUDING STATE HOSP**	5	17 \$	6,027.08	\$ 354.53	.436 \$	1205.42	\$ 154.54

----- MONTHLY AVERAGE -----

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,169
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

1,2,11211 0001,11	DOIMELLE OF DELL	1010 1011 1011 101	0112 002					
						MO1	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$ .00	.000	.00	\$ .00
@PHYSICIANS SERVICES	0	0	\$	.00	\$ .00	.000	.00	\$ .00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0					
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00 \$	.00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT REPO	RT FOR JAN 2	003 THRU DEC	2003	PAGE 9,170
MOP024	FEE-FOR-SERVICE/DENT.	AL					01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES	FOR FOR FUTURI	E USE				

						M	ONT	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00

NON HER HOSPIENIS BOEN	0	0	0.0	0.0	000	0.0	0.0
NON-HSC HOSPITALS TOTAL	U	U	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MON	TH-OF-PAYMENT REPOR	T FOR JAN 20	03 THRU DE	EC 2003	PAGE 9,171
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES	FOR FOR FUTURE US	E				
				_	MON	NTHLY AVERAG	Ε
00 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES AV	ERAGE COST U	NITS/DAYS	COST PER	COST PER

00 51 5355 53					MON 1		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
a government was present manner	0	OR DAYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00		.00	
	0	0 \$ 0			.000 \$		
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	Ü	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	U	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURE	S MONTH-O	F-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	PAGE	9,172
MOP024	FEE-FOR-SERVICE/DENT	ΓAL								01	/29/04
NEVADA COUNTY	SUMMARY OF SERVICES	FOR FOR FUTU	IRE USE								
							]	HTMON	HLY AVERA	GE	

00 ELIGIDIES	HOEDG	INITEG OF GERVICE	EXPENDIBLE	ATTERNACE COCE		COST PER	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
AND OBJED DOMINEDO	0	OR DAYS OF CARE	0.0	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	U	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	Ō	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 s	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
	· ·	O P	.00	·	.500 ₽	.00 4	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,173 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

								MO	NT	HLY AVERA	GE		
80 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENI	DITURES	AVE	RAGE COST	UNITS/DAYS		COST PER		COST PER	
		OR DAYS OF CAR	E			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE	
@TOTAL, ALL PROVIDERS	79	1,498	\$	120	473.11	\$	80.42	18.725	\$	1524.98	\$	1505.91	
@PHYSICIANS SERVICES	22	70	\$	4	214.72	\$	60.21	.875	\$	191.58	\$	52.68	
OUTPATIENT VISITS	11	31		1,	694.03		54.65	.388		154.00		21.18	
OFFICE VISITS	6	13			368.87		28.37	.163		61.48		4.61	
HOME VISITS	0	0			.00		.00	.000		.00		.00	
EMERGENCY ROOM	3	15			946.23		63.08	.188		315.41		11.83	
PREVENTIVE CARE	0	0			.00		.00	.000		.00		.00	
OB VISITS/COMPRE PERI	3	3			378.93		126.31	.038		126.31		4.74	

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	7	14		486.29		34.74	.175		69.47		6.08
HOSPITAL VISITS	3	7		280.49		40.07	.088		93.50		3.51
CRITICAL CARE	0	Ó		.00		.00	.000		.00		.00
	4	7		205.80		29.40	.088		51.45		2.57
SNF/ICF/TRANS IP CARE	4	0									
OPHTHALMOLOGICAL SERVICES	Ü	U		.00		.00	.000		.00		.00
EXAMINATIONS	Ü	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	3		1,324.73		441.58	.038		1324.73		16.56
PRINCIPAL SURGEON	1	2		1,138.23		569.12	.025		1138.23		14.23
ASSISTANT SURGEON	1	1		186.50		186.50	.013		186.50		2.33
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	3	4		295.05		73.76	.050		98.35		3.69
PRINCIPAL SURGEON	3	4		295.05		73.76	.050		98.35		3.69
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
	0	0		.00							
ANESTHESIOLOGIST	0	0				.00	.000		.00		.00
DIALYSIS	U	U		.00		.00	.000		.00		.00
PATHOLOGY	3	6		135.11		22.52	.075		45.04		1.69
RADIOLOGY	7	10		133.74		13.37	.125		19.11		1.67
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	2	2		145.77		72.89	.025		72.89		1.82
@PHARMACY	47	258	\$	12,893.38	\$	49.97	3.225	Ġ	274.33	Ġ	161.17
PRESCRIPTION DRUGS	46	239	т	12,518.81	т.	52.38	2.988	т	272.15	-	156.49
SNF/ICF	26	173		8,594.68		49.68	2.163		330.56		107.43
OUTPATIENTS	21	66		3,924.13		59.46	.825		186.86		49.05
	6										
MEDICAL SUPPLIES		19	4	374.57		19.71	.238		62.43	4	4.68
@DENTIST	0		\$	.00	\$	.00	.000	\$	.00	Ş	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
MAXILLOFACIAL SERVICES	0	0				.00	.000				.00
FRACTURES, DISLOCATIONS	U	U		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	S MC	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU :	DEC	2003	Ρź	AGE 9,174
MOP024	FEE-FOR-SERVICE/I	ENTAL									01/29/04
NEVADA COUNTY	SUMMARY OF SERVICE	ES FOR MEDICALLY	Y IN	NDIGENT - ADULTS -	- TOTA	L					
							M	TIOC	HLY AVERA	GE ·	
80 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER	(	COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2		\$	159.06	\$	26.51	.075		79.53		1.99
DIAGNOSTIC AND ANC. PROCED	2	2	٧	94.90	Y	47.45	.025	Y	47.45	Y	1.19
	2										
EYE APPLIANCES		4		64.16		16.04	.050		32.08		.80
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	٠.	.00
@CHIROPRACTOR	0		\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0 :	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
CIDCEDY / ANEC	0	0		0.0		0.0	000		0.0		0.0

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OTHER

SURGERY/ANES.

RADIO./PATHOLOGY

@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	2	10	\$ 615.42	\$ 61.54	.125	\$ 307.71	\$ 7.69
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	19	170	\$ 10,104.84	\$ 59.44	2.125	\$ 531.83	\$ 126.31
HOSP INPATIENT TOTAL	2	8	6,485.06	810.63	.100	3242.53	81.06
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	8	6,485.06	810.63	.100	3242.53	81.06
ACCOMMODATIONS	2	8	2,767.36	345.92	.100	1383.68	34.59
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8	2,767.36	345.92	.100	1383.68	34.59
ANCILLARIES	2	0	3,717.70	.00	.000	1858.85	46.47
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	18	162		3,619.78	22.34	2.025	201.10	45.25
MEDICAL	3	3		104.24	34.75	.038	34.75	1.30
SURGERY	3	4		123.11	30.78	.050	41.04	1.54
PATHOLOGY	10	49		616.65	12.58	.613	61.67	7.71
RADIOLOGY	4	5		215.64	43.13	.063	53.91	2.70
ROOM USE	11	27		920.78	34.10	.338	83.71	11.51
CROSSOVERS/ALL OTH OUTPTNT	13	74		1,639.36	22.15	.925	126.10	20.49
@COUNTY HOSPITAL TOTAL	0	0 \$	\$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	S MONTH-OF	-PAYMENT REF	PORT FOR JAN	2003 THRU DE	C 2003	PAGE 9,175
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR	MEDICALLY	Y INDIGENT	- ADULTS -	TOTAL			
						MON'	THLY AVERAC	GE

					MO	NIHLI AVEKA	GE
80 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19	170 \$	10,104.84	\$ 59.44	2.125		
COMM HOSP INPATIENT TOTAL	2	8	6,485.06	810.63	.100	3242.53	81.06
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	8	6,485.06	810.63	.100	3242.53	81.06
ACCOMMODATIONS	2	8	2,767.36	345.92	.100	1383.68	34.59
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8	2,767.36	345.92	.100	1383.68	34.59
ANCILLARIES	2	0	3,717.70	.00	.000	1858.85	46.47
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	18	162	3,619.78	22.34	2.025	201.10	45.25
MEDICAL	3	3	104.24	34.75	.038	34.75	1.30
SURGERY	3	4	123.11	30.78	.050	41.04	1.54
PATHOLOGY	10	49	616.65	12.58	.613	61.67	7.71
RADIOLOGY	4	5	215.64	43.13	.063	53.91	2.70
ROOM USE	11	27	920.78	34.10	.338	83.71	11.51
CROSSOVERS/ALL OTH OUTPTNT	13	74	1,639.36	22.15	.925	126.10	20.49
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	25	779 \$	88,717.38	\$ 113.89	9.738	\$ 3548.70	\$ 1108.97
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	25	779	88,717.38	113.89	9.738	3548.70	1108.97
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	2	17	\$	356.45	\$	20.97	.213	\$	178.23	\$	4.46
HOSPITAL BASED	2	17		356.45		20.97	.213		178.23		4.46
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	30	\$	224.19	\$	7.47	.375	\$		\$	2.80
PATHOLOGY	7	30		224.19		7.47	.375		32.03		2.80
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	_	ES MONTH-	OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU	DEC	2003	PA	•
MOP024	FEE-FOR-SERVICE/DENTA										01/29/04
ATERIA DA COLLATERA	CINANADIA OD CODITECCO D		T T T T T T T T T T T T T T T T T T T	NTTT A DITT TO	ШΩП						

NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

NEVADA COUNTI	SUMMANT OF SERV	VICES FOR MEDICAL	יד דור	NDIGENI - ADOL	112 -	IOIAL			
							MO	NTHLY AVERA	GE
80 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITUR	RES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	C			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	14	158	\$	3,187.	67	\$ 20.18	1.975	\$ 227.69	\$ 39.85
DURABLE MED. EQUIP.	3	31		1,208.	79	38.99	.388	402.93	15.11
BLOOD BANK	0	0			00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0			00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	100		965.	47	9.65	1.250	137.92	12.07
AMBULANCES/AIR TRANS	3	5		482.	68	96.54	.063	160.89	6.03
OTHER TRANS	4	95		482.	79	5.08	1.188	120.70	6.03
OTHER SERVICES	0	0			0.0	.00	.000	.00	.00
ACUPUNCTURE	0	0			0.0	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0			00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1		105.	00	105.00	.013	105.00	1.31
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0			0.0	.00	.000	.00	.00
OPTICIAN	1	2		16.	64	8.32	.025	16.64	.21
PHYSICAL THERAPIST	3	19		279.	25	14.70	.238	93.08	3.49
PORTABLE X-RAY	0	0			00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	5		612.	52	122.50	.063	153.13	7.66
PROSTHETICS	4	5		612.	52	122.50	.063	153.13	7.66
ORTHOTICS	0	0			0.0	.00	.000	.00	.00
PSYCHOLOGIST	0	0			00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0			0.0	.00	.000	.00	.00
HOSPICE SERVICES	0	0			0.0	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0			0.0	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0			0.0	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0			0.0	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0			0.0	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0			00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0			0.0	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$		00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	5	17	\$	6,027.	80	\$ 354.53	.213	\$ 1205.42	\$ 75.34
* TOTAL THE THECK TIMES ADD	CITIENT AC A CEDAT	DATE TATEODMATE ON	י אוידים	ONTE SZ •					

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

NEVADA COUNTY SUMMARY OF SERVICES FOR ALL AGED

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,177 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

10,203 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER		COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8,598	194,126 \$		11,990,251.23	\$ 61.77	19.026 \$	1394.54	\$	1175.17
@PHYSICIANS SERVICES	1,238	4,542 \$		72,122.73	\$ 15.88	.445 \$		\$	7.07
OUTPATIENT VISITS	. 22	30		1,435.66	47.86	.003	65.26	•	.14
OFFICE VISITS	15	16		526.80	32.93	.002	35.12		.05
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	9	14		908.86	64.92	.001	100.98		.09
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	17	35		1,971.60	56.33	.003	115.98		.19
HOSPITAL VISITS	7	18		812.10	45.12	.002	116.01		.08
CRITICAL CARE	4	8		912.00	114.00	.001	228.00		.09
SNF/ICF/TRANS IP CARE	9	9		247.50	27.50	.001	27.50		.02
OPHTHALMOLOGICAL SERVICES	3	9 3		173.37	57.79	.000	57.79		.02
EXAMINATIONS	3	3		173.37	57.79	.000	57.79		.02
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	11	94		8,971.94	95.45	.009	815.63		.88
PRINCIPAL SURGERI	9	14		6,607.96	472.00	.001	734.22		.65
	2	2		518.61	259.31	.000	259.31		.05
ASSISTANT SURGEON ANESTHESIOLOGIST	4	78		1,845.37	23.66	.008	461.34		.18
	2				1005.21	.000	1005.21		. 20
OUTPATIENT SURGERY	2	2		2,010.42 2,010.42	1005.21		1005.21		
PRINCIPAL SURGEON	0	2				.000			. 20
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS				.00	.00	.000	.00		.00
PATHOLOGY	9	25		160.09	6.40	.002	17.79		.02
RADIOLOGY	23	50		926.77	18.54	.005	40.29		.09
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	3	3		18.18	6.06	.000	6.06		.00
OTHER SERVICES/ALL X-OVERS	1,193	4,300		56,454.70	13.13	.421	47.32	4.	5.53
@PHARMACY	7,251	86,620 \$		2,227,342.88	\$ 25.71	8.490 \$		Ş	218.30
PRESCRIPTION DRUGS	7,195	38,328		2,188,726.39	57.11	3.757	304.20		214.52
SNF/ICF	2,535	18,587		915,850.27	49.27	1.822	361.28		89.76
OUTPATIENTS	4,767	19,741		1,272,876.12	64.48	1.935	267.02		124.76
MEDICAL SUPPLIES	431	48,292		38,616.49	.80	4.733	89.60		3.78
@DENTIST	283	846 \$		45,844.80	\$ 54.19	.083 \$		\$	4.49
VISITS - DIAGNOSTIC	201	447		7,613.80	17.03	.044	37.88		.75
ORAL SURGERY	48	130		5,253.00	40.41	.013	109.44		.51
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	1	1		118.00	118.00	.000	118.00		.01
ENDODONTICS	_ 4	4		950.00	237.50	.000	237.50		.09
RESTORATIVE DENTISTRY	54	113		9,882.00	87.45	.011	183.00		.97
PROSTHETICS	2	2		60.00	30.00	.000	30.00		.01
DENTURES, STAYPLATES	51	141		21,968.00	155.80	.014	430.75		2.15
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	9	8		.00	.00	.001	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MON	ITH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DE	C 2003	P	AGE 9,178
MOP024	FEE-FOR-SERVICE								01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR ALL AGED							
						MON			
10,203 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	90	233 \$		4,429.60	\$ 19.01	.023 \$		\$	. 43
DIAGNOSTIC AND ANC. PROCED	4	4		189.80	47.45	.000	47.45		.02

EYE APPLIANCES	72	193	3,357.61		17.40	.019	46.63		.33
OTHER OPTOMETRIC SERVICES	23	36	882.19		24.51	.004	38.36		.09
@CHIROPRACTOR	5	8 \$	130.34	\$	16.29	.001		Ċ	.01
VISITS	0	0	.00	Y	.00	.000	.00	Ÿ	.00
	5								
OTHER SERVICES		8	130.34		16.29	.001	26.07		.01
@PODIATRIST	357	395 \$	3,633.59	\$	9.20		\$ 10.18	\$	.36
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00		.00
SURGERY/ANES.	0	0	.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00		.00
OTHER	357	395	3,633.59		9.20	.039	10.18		.36
@HOME HEALTH AGENCY	1	6 \$	419.06	\$	69.84	.001		\$	.04
								•	
NURSE ANESTHESIST	5	64 \$	155.21	\$	2.43		31.04	\$	.02
NURSE MIDWIFE	0	0 \$	.00	\$	.00		.00	\$	.00
PEDIATRIC NURSE PRACTITIONER		0 \$	.00	\$	.00		\$ .00	\$	.00
FAMILY NURSE PRACTITIONER	7	8 \$	156.60	\$	19.58	.001	\$ 22.37	\$	.02
@TOTAL HOSPITAL	766	3,554 \$	250,027.07	\$	70.35	.348	326.41	\$	24.51
HOSP INPATIENT TOTAL	210	684	191,718.32	·	280.29	.067	912.94	·	18.79
HSC HOSPITALS	2	12	10,482.82		873.57	.001	5241.41		1.03
	5	9			2858.66		5145.58		2.52
NON-HSC HOSPITAL TOTAL	5		25,727.91			.001			
ACCOMMODATIONS	5	9	4,054.79		450.53	.001	810.96		.40
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	5	9	4,054.79		450.53	.001	810.96		.40
ANCILLARIES	5	0	21,673.12		.00	.000	4334.62		2.12
INPATIENT CROSSOVERS	203	663	155,507.59		234.55	.065	766.05		15.24
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	577	2,870	58,308.75		20.32	.281	101.06		5.71
		•							
MEDICAL	15	20	938.43		46.92	.002	62.56		.09
SURGERY	1	1	177.02		177.02	.000	177.02		.02
PATHOLOGY	37	150	1,674.58		11.16	.015	45.26		.16
RADIOLOGY	10	12	700.71		58.39	.001	70.07		.07
ROOM USE	16	25	943.68		37.75	.002	58.98		.09
CROSSOVERS/ALL OTH OUTPTNT	538	2,662	53,874.33		20.24	.261	100.14		5.28
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$	.00	.000	\$ .00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	•	.00	.000	.00	•	.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00		.00
	0	0	.00		.00	.000	.00		
ACCOMMODATIONS	0	0							.00
ADMINISTRATIVE DAYS	_		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0							.00
ALL OTHER ACCOM			.00		.00	.000	.00		
	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0 0							
ANCILLARIES INPATIENT CROSSOVERS	_	0	.00		.00	.000	.00		.00
	0	0 0 0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS ALL OTHER INPATIENT	0	0 0 0 0	.00 .00 .00 .00		.00 .00 .00	.000 .000 .000	.00 .00 .00		.00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL	0 0 0	0 0 0 0 0	.00 .00 .00 .00		.00 .00 .00 .00	.000 .000 .000 .000	.00 .00 .00 .00		.00 .00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	0 0 0 0	0 0 0 0	.00 .00 .00 .00 .00		.00 .00 .00 .00 .00	.000 .000 .000 .000 .000	.00 .00 .00 .00 .00		.00 .00 .00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY	0 0 0 0 0	0 0 0 0 0 0	.00 .00 .00 .00 .00		.00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00		.00 .00 .00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	0 0 0 0 0 0	0 0 0 0 0 0	.00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	0 0 0 0 0 0 0	0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00	EPORT	.00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00	PAG	.00 .00 .00 .00 .00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00	EPORT	.00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00	PAG	.00 .00 .00 .00 .00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00	EPORT	.00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00	PAG	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00	EPORT	.00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 MEDI-CAL SERVICE SUMMARY OF SERV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 tes and expenditures moderate. Tices for all aged	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE CC	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  10,203 ELIGIBLES	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 MEDI-CAL SERVICE SUMMARY OF SERV USERS	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 2 ES AND EXPENDITURES MO CONTRAL VICES FOR ALL AGED UNITS OF SERVICE OR DAYS OF CARE	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 EC 2003	GE CC EL	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  10,203 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	0 0 0 0 0 0 0 0 0 0 0 MEDI-CAL SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 2 ES AND EXPENDITURES MO CONTROL VICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 3,554 \$	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE CC EL	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  10,203 ELIGIBLES	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 MEDI-CAL SERVICE SUMMARY OF SERV USERS	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 2 ES AND EXPENDITURES MO CONTRAL VICES FOR ALL AGED UNITS OF SERVICE OR DAYS OF CARE	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 EC 2003	GE CC EL	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

NON-HSC HOSPITALS TOTAL	5	9	25,727.91	2858.66	.001	5145.58	2.52
ACCOMMODATIONS	5	9	4,054.79	450.53	.001	810.96	.40
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	9	4,054.79	450.53	.001	810.96	.40
ANCILLARIES	5	0	21,673.12	.00	.000	4334.62	2.12
INPATIENT CROSSOVERS	203	663	155,507.59	234.55	.065	766.05	15.24
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	577	2,870	58,308.75	20.32	.281	101.06	5.71
MEDICAL	15	20	938.43	46.92	.002	62.56	.09
SURGERY	1	1	177.02	177.02	.000	177.02	.02
PATHOLOGY	37	150	1,674.58	11.16	.015	45.26	.16
RADIOLOGY	10	12	700.71	58.39	.001	70.07	.07
ROOM USE	16	25	943.68	37.75	.002	58.98	.09
CROSSOVERS/ALL OTH OUTPTNT	538	2,662	53,874.33	20.24	.261	100.14	5.28
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2,791	85,396	\$	8,930,700.43	\$	104.58	8.370	\$	3199.82	\$	875.30
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2,791	85,396		8,930,700.43		104.58	8.370		3199.82		875.30
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	25	36	\$	13,704.61	\$	380.68	.004	\$	548.18	\$	1.34
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	25	36		13,704.61		380.68	.004		548.18		1.34
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	15	\$	115.75	\$	7.72	.001	\$	23.15	\$	.01
PATHOLOGY	1	5		53.61		10.72	.000		53.61		.01
XO AND OTHERS	4	10		62.14		6.21	.001		15.54		.01
@ORGANIZED OUTPATIENT CLINIC	168	291	\$	30,377.93	\$	104.39	.029	\$	180.82	\$	2.98
CLINIC	1	1		22.41		22.41	.000		22.41		.00
SURGICENTER	3	4		500.21		125.05	.000		166.74		.05
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	164	286		29,855.31		104.39	.028		182.04		2.93
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	CURES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 9,180
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FO	R ALL A	AGED								
							M	ONT:	HLY AVERA	GE -	

10,203 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 1,003 12,112 411,090.63 33.94 1.187 \$ 409.86 \$ 40.29 DURABLE MED. EQUIP. 33 190 16,051.94 84.48 .019 486.42 1.57 BLOOD BANK 0 0 .00 .00 .000 .00 .00 54 16,087.24 243.75 .006 297.91 1.58 HEARING AID DISPENSERS 66 MEDICAL TRANSPORTATION 852 3,411.05 4.00 .084 56.85 .33 AMBULANCES/AIR TRANS 10 72 851.96 11.83 .007 85.20 .08 38 759 2,231.32 2.94 .074 58.72 .22 OTHER TRANS OTHER SERVICES 13 21 327.77 15.61 .002 25.21 .03 ACUPUNCTURE 0 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 160 2,119 146,695.08 69.23 .208 916.84 14.38 GENETIC DISEASE TESTING 0 0 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST Ω 0 .00 .00 .000 .00 .00 OPTICIAN 139 291 3,584.72 12.32 .029 25.79 .35 .00 PHYSICAL THERAPIST 0 0 .00 .000 .00 .00 60 2.97 117 178.46 1.53 .02 PORTABLE X-RAY .011 34 81 2,294.20 28.32 .008 67.48 .22 PROSTHETIST/ORTHOTISTS PROSTHETICS 81 2,294.20 28.32 .008 67.48 .22 .000 ORTHOTICS 0 .00 .00 .00 .00 PSYCHOLOGIST 1 1 12.01 12.01 .000 12.01 .00 SPEECH AND AUDIOLOGY 18 22 4,461.41 202.79 .002 247.86 .44 52 1,653 183,400.51 HOSPICE SERVICES 110.95 .162 3526.93 17.98 0 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES 0 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE 0 .000 RESPIRATORY CARE PRACT. 0 .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00

ALL OTHER PROVIDERS 447 6,720 34,914.01 5.20 .659 78.11 3.42 @CALIF. CHILDREN SERVICES\* 2 8 \$ 101.76 \$ 12.72 .001 \$ 50.88 \$ .01 @XOVER EXCLUDING STATE HOSP\*\* 2,792 20,830 \$ 507,372.20 \$ 24.36 2.042 \$ 181.72 \$ 49.73

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,181
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR ALL BLIND

					MC	NTHLY AVERA	GE
766 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURE	S AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	590	31,358 \$	701,285.8	37 \$ 22.36	40.937	\$ 1188.62	\$ 915.52
@PHYSICIANS SERVICES	178	983 \$	19,385.4	7 \$ 19.72	1.283	\$ 108.91	
OUTPATIENT VISITS	66	93	3,178.4		.121	48.16	4.15
OFFICE VISITS	42	60	1,602.9	26.72	.078	38.16	2.09
HOME VISITS	1	1	80.1		.001	80.10	.10
EMERGENCY ROOM	23	27	1,303.6		.035	56.68	1.70
PREVENTIVE CARE	0	0	_,		.000	.00	.00
OB VISITS/COMPRE PERI	0	0	. (		.000	.00	.00
OTHER OUTPATIENT	5	5	191.7		.007	38.35	. 25
INPATIENT VISITS	12	82	6,176.9		.107	514.75	8.06
HOSPITAL VISITS	7	14	712.7		.018	101.83	.93
CRITICAL CARE	í	31	4,317.5		.040	4317.56	5.64
SNF/ICF/TRANS IP CARE	5	37	1,146.6		.048	229.32	1.50
OPHTHALMOLOGICAL SERVICES	3	3	99.0		.004	33.01	.13
EXAMINATIONS	3	3	99.0		.004	33.01	.13
SERVICES AND MATERIALS	0	0	.(		.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	13	1,180.1		.017	393.38	1.54
PRINCIPAL SURGEON	2	5	979.5		.007	489.76	1.28
ASSISTANT SURGEON	0	0	.(		.000	.00	.00
ANESTHESIOLOGIST	1	8	200.6		.010	200.62	.26
OUTPATIENT SURGERY	8	22	742.1		.029	92.76	.20
PRINCIPAL SURGEON	7	7	300.4		.009	42.92	.39
ASSISTANT SURGEON	0	0	300.5		.009	.00	.00
ANESTHESIOLOGIST	2	15	441.6		.020	220.84	.58
	11	13			.017	250.64	3.60
DIALYSIS	14	13 17	2,757.0				
PATHOLOGY	22	82	225.5		.022	16.11 53.94	.29 1.55
RADIOLOGY	0	0	1,186.6		.107		
PSYCHIATRY	1	1	.0 13.7		.000	.00	.00
IMMUNIZATION AND INJECTION	99				.001	13.76	
OTHER SERVICES/ALL X-OVERS		657	3,825.7		.858	38.64	4.99
@PHARMACY	458	8,875 \$	•		11.586		
PRESCRIPTION DRUGS	449	2,412	233,343.9		3.149	519.70	304.63
SNF/ICF	67	543	26,971.7		.709	402.56	35.21
OUTPATIENTS	383	1,869	206,372.1		2.440	538.83	269.42
MEDICAL SUPPLIES	47	6,463	4,263.0		8.437	90.70	5.57
@DENTIST	33	110 \$	5,024.0	•	.144	•	•
VISITS - DIAGNOSTIC	20	65	1,226.0		.085	61.30	1.60
ORAL SURGERY	4	16	1,036.0		.021	259.00	1.35
DRUGS	1	2	. (		.003	.00	.00
ANESTHESIA	1	1	100.0		.001	100.00	.13
PERIODONTICS	2	2	255.0		.003	127.50	.33
ENDODONTICS	0	0	. (		.000	.00	.00
RESTORATIVE DENTISTRY	10	15	1,392.0		.020	139.20	1.82
PROSTHETICS	1	1	50.0		.001	50.00	.07
DENTURES, STAYPLATES	2	4	965.0		.005	482.50	1.26
SPACE MAINTAINERS	0	0	. 0		.000	.00	.00
MAXILLOFACIAL SERVICES	0		. 0		.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	. 0	.00	.000	.00	.00

ORTHODONTIC SERVICES ALL OTHER SERVICES

0 0 1 4 .00 .00 .00 .00 .000

.005

.00 .00

.00 .00 PAGE 9,182

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 NEVADA COUNTY

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR ALL BLIND 01/29/04

NEVADA COUNTY	SUMMARI OF SERVI	CES FOR ALL BLIN	עוו							~=	
B66							M				~~~~~
766 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
	_	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	7		\$	1,927.34	\$	107.07	.023	\$	275.33	\$	2.52
DIAGNOSTIC AND ANC. PROCED	3	3		170.01		56.67	.004		56.67		.22
EYE APPLIANCES	5	13		1,721.92		132.46	.017		344.38		2.25
OTHER OPTOMETRIC SERVICES	2	2		35.41		17.71	.003		17.71		.05
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	•	.00	•	.00	.000	•	.00	•	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	16	20	\$	274.79	\$	13.74	.026	Ś	17.17	\$	.36
MEDICINE/INJECTIONS	0	0	٧	.00	Υ	.00	.000	~	.00	٧	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
	0	0					.000		.00		.00
RADIO./PATHOLOGY				.00		.00					
OTHER	16	20		274.79	_	13.74	.026		17.17	_	.36
@HOME HEALTH AGENCY	9	805	Ş	24,063.85	\$	29.89	1.051			\$	31.41
NURSE ANESTHESIST	0	0	\$	.00	\$	.00		\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$		\$	.00	.000		.00	\$	.00
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000	\$	.00		.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	121	501	\$		\$	137.91	.654	\$	571.03		90.20
HOSP INPATIENT TOTAL	18	107	•	56,424.02	·	527.33	.140	•	3134.67	•	73.66
HSC HOSPITALS	2	33		44,230.00		1340.30	.043		22115.00		57.74
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
	0	0									
ADMINISTRATIVE DAYS				.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	16	74		12,194.02		164.78	.097		762.13		15.92
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	104	394		12,670.87		32.16	.514		121.84		16.54
MEDICAL	10	12		415.28		34.61	.016		41.53		.54
SURGERY	7	7		237.17		33.88	.009		33.88		.31
PATHOLOGY	38	120		1,569.48		13.08	.157		41.30		2.05
RADIOLOGY	15	20		3,333.16		166.66	.026		222.21		4.35
ROOM USE	37	41		1,712.67		41.77	.054		46.29		2.24
CROSSOVERS/ALL OTH OUTPTNT		194		5,403.11		27.85	.253		103.91		7.05
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	ė,	.00	ė,	.00
		0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
CO HOSPITAL INPATIENT TOTAL	0	-									
HSC HOSPITALS	U	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	Ü	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	Ō	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00							
RADIOLOGY	0					.00	.000		.00		.00
ROOM USE	U	0		.00		.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 .00 .00

01/29/04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,183 MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY	FEE-FOR-SERVICE	/ICES FOR ALL BLIN	D								01/29/04
NEVADA COUNTI	SUMMANT OF SERV	TCES FOR ALL BLIN	ט				N	TMON	HLY AVERA	GE	
766 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ1/F:	RAGE COST	UNITS/DAY				COST PER
		OR DAYS OF CARE					PER ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	121		\$	69,094.89		137.91	654	Ś	571.03	Ś	
COMM HOSP INPATIENT TOTAL	18	107	٧	56,424.02	٧	527.33	.140	~	3134.67	٧	73.66
HSC HOSPITALS	2	33		44,230.00		1340.30	.043		22115.00		57.74
NON HER HORDITALE TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0 0 0 0 0 0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	Ö		.00		.00	.000		.00		.00
ANCILLARIES	0	Ö		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	16	74		12,194.02		164.78	.097		762.13		15.92
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	104	394		12,670.87		32 16	.514		121 84		16.54
MEDICAL	10	12		415.28		32.16 34.61 33.88	.016		121.84 41.53		.54
SURGERY	7	7		237.17		33 88	.009		33.88		.31
PATHOLOGY	38	120		1,569.48		33.88 13.08 166.66	.157		41.30		2.05
RADIOLOGY	15	20		3,333.16		166 66	.026		222.21		4.35
ROOM USE	37	41		1,712.67		41.77	.054		46.29		2.24
CROSSOVERS/ALL OTH OUTPTNT		194		5,403.11		27.85	.253		103.91		7.05
@STATE HOSPITAL	0		\$	.00	\$	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	٧	.00	٧	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0 0 43 0	_	\$		\$	147.20	1.484	Ś	3892.32	Ś	218.50
LEV A-INTERMEDIATE	0	0	٧	.00		.00	.000	~	.00	٧	.00
LEV B-REHAB MD	0	0 0 124 0 0 1,013 377		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	5 0 0 38 12	124		42,763.88		344.87	.162		8552.78		55.83
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	38	1.013		124,605.96		123.01	1.322		3279.10		162.67
@INTERMEDIATE CARE FACILDD	12	377	\$	64,665.98	\$	171.53		Ś	5388.83	Ś	84.42
ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY	0	0	Τ	.00	τ	.00	.000	τ.	.00	τ.	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	12	377		64,665.98		171.53	.492		5388.83		84.42
@HEMODIALYSIS TOTAL	39		\$		\$	44.61	1.125	Ś	985.89	Ś	50.20
HOSPITAL BASED	0	0	т	.00		.00	.000	т.	.00	т	.00
HEMODIALYSIS CENTER	39	862		38,449.54		44.61	1.125		985.89		50.20
@REHABILITATION FACILITY	10		\$		\$	13.80	.299	Ś	315.99	Ś	4.13
HOSPITAL BASED	0	0	Τ	.00	т	.00	.000	τ.	.00	τ.	.00
INDEPENDENT FACILITY	10	229		3,159.86		13.80	.299		315.99		4.13
@LABORATORY FACILITY	15		\$	1,202.01	\$	13.82	.114	Ś	80.13	Ś	1.57
PATHOLOGY	15 15	87	Τ	1,202.01	т	13.82	.114	τ.	80.13	τ.	1.57
XO AND OTHERS		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	30		\$	4,561.60	Ś	108.61	.055	Ś	152.05	Ś	5.96
CLINIC	0	0	т	.00	т.	.00	.000	т.	.00	т	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0 30	42		4,561.60		108.61	.055		152.05		5.96
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURE	S M		PORT			DEC		P	PAGE 9,184
MOP024	FEE-FOR-SERVICE									-	01/29/04
NEVADA COUNTY		ICES FOR ALL BLIN	D								,,
-:			_				N	TMON	HLY AVERA	GF.	
766 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY				COST PER
		OR DAYS OF CARE					PER ELIC		USER		ELIGIBLE

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@ALL OTHER PROVIDERS

17,312 \$ 64,499.74 \$ 3.73 22.601 \$ 400.62 \$ 84.20

DURABLE MED. EQUIP.	9	19	14,018.31	737.81	.025	1557.59	18.30
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	7	1,681.43	240.20	.009	280.24	2.20
MEDICAL TRANSPORTATION	16	325	4,428.69	13.63	.424	276.79	5.78
AMBULANCES/AIR TRANS	10	133	2,335.87	17.56	.174	233.59	3.05
OTHER TRANS	2	68	163.17	2.40	.089	81.59	.21
OTHER SERVICES	7	124	1,929.65	15.56	.162	275.66	2.52
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	24	189	13,112.63	69.38	.247	546.36	17.12
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	16	234.48	14.66	.021	29.31	.31
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	6	5.40	.90	.008	1.80	.01
PROSTHETIST/ORTHOTISTS	6	21	4,230.42	201.45	.027	705.07	5.52

PROSTHETICS	6	21	4,230.42	201.45	.027	705.07	5.52
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	6	299.20	49.87	.008	74.80	.39
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	50	5,189	20,522.94	3.96	6.774	410.46	26.79
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	58	11,534	5,966.24	.52	15.057	102.87	7.79
@CALIF. CHILDREN SERVICES*	39	1,686	\$ 61,190.62	\$ 36.29	2.201	\$ 1568.99	\$ 79.88
@XOVER EXCLUDING STATE HOSP**	160	1,131	\$ 45,734.97	\$ 40.44	1.477	\$ 285.84	\$ 59.71

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 9,185 01/29/04

NEVADA COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

							M	ONT	HLY AVERA	GE.	
21,638 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	3		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	16,763	485,891	\$	14,069,951.73	\$	28.96	22.455	\$	839.35	\$	650.24
@PHYSICIANS SERVICES	5,192	18,412	\$	624,954.38	\$	33.94	.851	\$	120.37	\$	28.88
OUTPATIENT VISITS	2,919	4,626		170,868.09		36.94	.214		58.54		7.90
OFFICE VISITS	2,157	3,060		90,506.28		29.58	.141		41.96		4.18
HOME VISITS	5	5		234.60		46.92	.000		46.92		.01
EMERGENCY ROOM	963	1,349		74,074.48		54.91	.062		76.92		3.42
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	2	3		245.00		81.67	.000		122.50		.01
OTHER OUTPATIENT	197	209		5,807.73		27.79	.010		29.48		.27
INPATIENT VISITS	318	1,164		54,148.87		46.52	.054		170.28		2.50
HOSPITAL VISITS	255	995		42,162.33		42.37	.046		165.34		1.95
CRITICAL CARE	26	85		9,397.88		110.56	.004		361.46		.43
SNF/ICF/TRANS IP CARE	65	84		2,588.66		30.82	.004		39.83		.12
OPHTHALMOLOGICAL SERVICES	95	102		4,459.67		43.72	.005		46.94		.21
EXAMINATIONS	95	102		4,459.67		43.72	.005		46.94		.21
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	125	856		62,286.17		72.76	.040		498.29		2.88
PRINCIPAL SURGEON	93	155		45,436.78		293.14	.007		488.57		2.10
ASSISTANT SURGEON	18	19		3,629.86		191.05	.001		201.66		.17
ANESTHESIOLOGIST	45	682		13,219.53		19.38	.032		293.77		.61
OUTPATIENT SURGERY	372	866		68,491.90		79.09	.040		184.12		3.17
PRINCIPAL SURGEON	331	394		57,601.23		146.20	.018		174.02		2.66
ASSISTANT SURGEON	4	4		869.66		217.42	.000		217.42		.04
ANESTHESIOLOGIST	60	468		10,021.01		21.41	.022		167.02		.46
DIALYSIS	24	89		6,482.84		72.84	.004		270.12		.30
PATHOLOGY	396	680		13,125.61		19.30	.031		33.15		.61
RADIOLOGY	1,159	2,106		83,897.27		39.84	.097		72.39		3.88
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	147	773		18,955.81		24.52	.036		128.95		.88
OTHER SERVICES/ALL X-OVERS	2,286	7,150		142,238.15		19.89	.330		62.22		6.57
@PHARMACY	14,088	207,699	\$		\$		9.599	\$	544.34	\$	354.41
PRESCRIPTION DRUGS	13,944	62,847		7,526,935.23		119.77	2.904		539.80		347.86
SNF/ICF	528	3,748		302,007.89		80.58	.173		571.98		13.96
OUTPATIENTS	13,479	59,099					2.731		536.01		333.90
MEDICAL SUPPLIES	930	144,852		141,706.41	4.	.98	6.694	4.	152.37	4.	6.55
@DENTIST	974	3,922	\$	195,549.73	\$		.181	\$	200.77	\$	9.04
VISITS - DIAGNOSTIC	625	2,086		30,956.64		14.84	.096		49.53		1.43
ORAL SURGERY	164	552		26,195.00		47.45	.026		159.73		1.21

DRUGS	7	8	130.00	16.25	.000	18.57	.01
ANESTHESIA	8	8	800.00	100.00	.000	100.00	.04
PERIODONTICS	36	46	7,081.00	153.93	.002	196.69	.33
DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY	61	107	18,804.00	175.74	.005	308.26	.87
RESTORATIVE DENTISTRY	327	854	69,793.84	81.73	.039	213.44	3.23
PROSTHETICS	10	9	240.00	26.67	.000	24.00	.01
DENTURES, STAYPLATES	92	224	39,894.00	178.10	.010	433.63	1.84
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	4	4	1,550.25	387.56	.000	387.56	.07
	0	4		.00	.000	.00	.07
FRACTURES, DISLOCATIONS	0	2	.00				
ORTHODONTIC SERVICES	2		105.00	52.50	.000	52.50	.00
ALL OTHER SERVICES	15	22	.00	.00	.001	.00	.00
		ES AND EXPENDITURES MO	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2	1003 THRU DEC	2 2003	PAGE 9,186
MOP024	FEE-FOR-SERVICE						01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR ALL DISABLE					
					MONT	HLY AVERA	GE
21,638 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	426	1,235 \$	25,251.50	\$ 20.45	.057 \$	59.28	\$ 1.17
DIAGNOSTIC AND ANC. PROCED	166	166	7,632.40	45.98	.008	45.98	.35
EYE APPLIANCES	361	1,017	16,375.74	16.10	.047	45.36	.76
OTHER OPTOMETRIC SERVICES	40	52	1,243.36	23.91	.002	31.08	.06
@CHIROPRACTOR	108	173 \$	2,796.46	\$ 16.16	.008 \$	25.89	\$ .13
VISITS	98	156	2,566.52	16.45	.007	26.19	.12
OTHER SERVICES	10	17	229.94	13.53	.001	22.99	.01
@PODIATRIST	124	172 \$	2,762.40	\$ 16.06	.008 \$	22.28	\$ .13
MEDICINE/INJECTIONS	25	42	1,206.95	28.74	.008 \$	48.28	.06
	0	0			.002	.00	
SURGERY/ANES.	1		.00	.00			.00
RADIO./PATHOLOGY		2	34.60	17.30	.000	34.60	.00
OTHER	100	128	1,520.85	11.88	.006	15.21	.07
@HOME HEALTH AGENCY	117	4,153 \$	138,572.76	\$ 33.37	.192 \$	1184.38	\$ 6.40
NURSE ANESTHESIST	6	104 \$	297.94	\$ 2.86	.005 \$	49.66	\$ .01
NURSE MIDWIFE	2	2 \$	62.34	\$ 31.17	.000 \$	31.17	\$ .00
PEDIATRIC NURSE PRACTITIONER		0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	80	111 \$	2,775.62	\$ 25.01	.005 \$	34.70	\$ .13
@TOTAL HOSPITAL	3,713	20,383 \$	2,532,335.05	\$ 124.24	.942 \$	682.02	\$ 117.03
HOSP INPATIENT TOTAL	411	1,936	2,092,364.81	1080.77	.089	5090.91	96.70
HSC HOSPITALS	71	568	684,198.07	1204.57	.026	9636.59	31.62
NON-HSC HOSPITAL TOTAL	184	673	1,281,410.60	1904.03	.031	6964.19	59.22
ACCOMMODATIONS	184	673	323,123.34	480.12	.031	1756.11	14.93
ADMINISTRATIVE DAYS	7	55	26,634.11	484.26	.003	3804.87	1.23
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	180	618	296,489.23	479.76	.029	1647.16	13.70
ANCILLARIES	184	0	958,287.26	.00	.000	5208.08	44.29
INPATIENT CROSSOVERS	166	695	126,756.14	182.38	.032	763.59	5.86
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,454	18,447	439,970.24	23.85	.853	127.38	20.33
MEDICAL	445	656	24,433.05	37.25	.030	54.91	1.13
SURGERY	249	266	8,134.16	30.58	.012	32.67	.38
PATHOLOGY	1,350	5,928	71,825.52	12.12	.274	53.20	3.32
RADIOLOGY	889	1,430	119,415.47	83.51	.066	134.33	5.52
	1,394	2,096	84,251.39		.097	60.44	3.89
ROOM USE				40.20			
CROSSOVERS/ALL OTH OUTPTNT	1,801	8,071	131,910.65	16.34	.373	73.24	6.10
@COUNTY HOSPITAL TOTAL	17	89 \$	50,522.41	\$ 567.67	.004 \$	2971.91	
CO HOSPITAL INPATIENT TOTAL	1	36	48,672.00	1352.00	.002	48672.00	2.25
HSC HOSPITALS	1	36	48,672.00	1352.00	.002	48672.00	2.25
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
TATE A SET TATE OF COCCUTED O	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0 0 16	53		1,850.41		34.91	.002		115.65		.09
CO HOSP OUTPATIENT TOTAL	6	53 7		371.23		53.03			61.87		.02
MEDICAL	0 1	1					.000				.02
SURGERY	1	10		25.15		25.15	.000		25.15		
PATHOLOGY	4			127.15		12.72	.000		31.79		.01
RADIOLOGY	10	14		837.19		59.80	.001		119.60		.04
ROOM USE	10	11		393.87		35.81	.001		39.39		.02
CROSSOVERS/ALL OTH OUTPTNT		10		95.82		9.58	.000		19.16		.00
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU 1	DEC	2003	PA	AGE 9,187
MOP024	FEE-FOR-SERVICE										01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR ALL DIS	SABLE	D							
							Mo	-		_	
21,638 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY:	s c	OST PER		COST PER
		OR DAYS OF CAR					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,700	20,294	\$	2,481,812.64	\$	122.29	.938			\$	114.70
COMM HOSP INPATIENT TOTAL	410	1,900		2,043,692.81		075.63	.088		4984.62		94.45
HSC HOSPITALS	70	532		635,526.07		194.60	.025		9078.94		29.37
NON-HSC HOSPITALS TOTAL	184	673		1,281,410.60		904.03	.031		6964.19		59.22
ACCOMMODATIONS	184	673		323,123.34		480.12	.031		1756.11		14.93
ADMINISTRATIVE DAYS	7	55		26,634.11		484.26	.003		3804.87		1.23
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	180	618		296,489.23		479.76	.029		1647.16		13.70
ANCILLARIES	184	0		958,287.26		.00	.000		5208.08		44.29
INPATIENT CROSSOVERS	166	695		126,756.14		182.38	.032		763.59		5.86
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3,441	18,394		438,119.83		23.82	.850		127.32		20.25
MEDICAL	439	649		24,061.82		37.08	.030		54.81		1.11
SURGERY	248	265		8,109.01		30.60	.012		32.70		.37
PATHOLOGY	1,346	5,918		71,698.37		12.12	.274		53.27		3.31
RADIOLOGY	882	1,416		118,578.28		83.74	.065		134.44		5.48
ROOM USE	1,384	2,085		83,857.52		40.22	.096		60.59		3.88
CROSSOVERS/ALL OTH OUTPTNT		8,061		131,814.83		16.35	.373		73.35		6.09
@STATE HOSPITAL	_,,,,	0	\$	.00	\$	.00	.000	Ś	.00	\$	.00
MENTALLY ILL	0	0	τ	.00	Ψ	.00	.000	τ	.00	т	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	375	10,843	Ċ	1,298,844.20	Ċ	119.79	.501	Ċ	3463.58	\$	60.03
LEV A-INTERMEDIATE	0	10,043	Ÿ	.00	Ÿ	.00	.000	Ÿ	.00	Ÿ	.00
LEV B-REHAB MD	1	21		2,539.53		120.93	.001		2539.53		.12
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	374	10,822				.00 119.78	.500				.00 59.91
LEV B-REGULAR	374 21	10,822	\$	1,296,304.67		119.78 174.72		۲.	3466.06 7496.47	۲,	59.91 7.28
@INTERMEDIATE CARE FACILDD	0		Ş	157,425.79	Ş		.042	Þ		Þ	
ICF DDH	_	0		.00		.00	.000		.00		.00
ICF DD	0 21			.00		.00	.000		.00		.00
ICF DDN/DDCN	21	901		157,425.79	_	174.72	.042		7496.47		7.28

113,194.84

113,194.84

7,402.77

6,685.29

21,819.83

21,230.68

310,056.77

2,380.27

717.48

589.15

\$

.00

44.67

44.67

14.35

42.20

13.40

14.14

13.87

49.10

22.04

121.59

.00

.117 \$ 898.37 \$

.00

205.63 \$

898.37

179.37

208.92

66.32

65.73

98.19

42.50

204.93 \$

.000

.117

.001

.023

.071

.001

.005

.024 \$

.071 \$

.118 \$

5.23

5.23

.34

.03

.31

.98

.03

.11

14.33

1.01

.00

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

@ORGANIZED OUTPATIENT CLINIC

HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

CLINIC

@LABORATORY FACILITY

126

126

36

4

32

329

323

1,513

6

56

0

2,534

2,534

1,543

1,531

2,550

516

17

499

12

108

0

SURGICENTER	10	37	1,364.74	36.88	.002	136.47	.06
HEROIN DETOX CLINIC	3	46	545.67	11.86	.002	181.89	.03
RURAL HEALTH CLINIC	1,451	2,359	305,766.09	129.62	.109	210.73	14.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 9,188
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES	FOR ALL DISABI	LED				

----- MONTHLY AVERAGE -----

PAGE 9,189

01/29/04

						IvI	JNIHLI AVERA	GE
21,638 ELIGIBLES	USERS UI	NITS OF SERVICE	E	XPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER	COST PER
	(	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,380	210,638	\$	967,207.71	\$ 4.59	9.735	\$ 406.39	\$ 44.70
DURABLE MED. EQUIP.	291	1,275		148,461.61	116.44	.059	510.18	6.86
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	27	33		6,506.41	197.16	.002	240.98	.30
MEDICAL TRANSPORTATION	266	2,828		53,528.31	18.93	.131	201.23	2.47
AMBULANCES/AIR TRANS	239	2,548		41,741.80	16.38	.118	174.65	1.93
OTHER TRANS	6	122		328.59	2.69	.006	54.77	.02
OTHER SERVICES	29	158		11,457.92	72.52	.007	395.10	.53
ACUPUNCTURE	4	12		205.45	17.12	.001	51.36	.01
ADULT DAY HEALTH CARE CTR	139	1,605		111,575.25	69.52	.074	802.70	5.16
GENETIC DISEASE TESTING	4	4		420.00	105.00	.000	105.00	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	106	9,412		301,617.53	32.05	.435	2845.45	13.94
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	429	982		11,679.86	11.89	.045	27.23	.54
PHYSICAL THERAPIST	1	5		86.79	17.36	.000	86.79	.00
PORTABLE X-RAY	8	13		117.02	9.00	.001	14.63	.01
PROSTHETIST/ORTHOTISTS	111	253		27,162.00	107.36	.012	244.70	1.26
PROSTHETICS	111	253		27,162.00	107.36	.012	244.70	1.26
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	37	67		3,570.89	53.30	.003	96.51	.17
HOSPICE SERVICES	22	526		66,008.34	125.49	.024	3000.38	3.05
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	416	46,260		125,678.86	2.72	2.138	302.11	5.81
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	711	147,363		110,589.39	.75	6.810	155.54	5.11
@CALIF. CHILDREN SERVICES*	246	11,985	\$	220,321.30	\$ 18.38	.554	\$ 895.62	\$ 10.18
@XOVER EXCLUDING STATE HOSP**	2,778	35,119	\$	434,164.96	\$ 12.36	1.623	\$ 156.29	\$ 20.06
@* TOTALS IN THESE LINES ARE GI	WEN AS A SEPARATI	T TNFORMATION IT	TEM ONLY;					

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

						MON	ITHLY AVERA	GE
51,027 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	24,771	149,146	\$	7,492,715.26	\$ 50.24	2.923	302.48	\$ 146.84
@PHYSICIANS SERVICES	11,769	28,799	\$	1,072,367.19	\$ 37.24	.564	91.12	\$ 21.02
OUTPATIENT VISITS	9,586	13,327		463,717.35	34.80	.261	48.37	9.09
OFFICE VISITS	6,801	8,759		259,969.53	29.68	.172	38.23	5.09
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	3,418	4,246		187,688.29	44.20	.083	54.91	3.68
PREVENTIVE CARE	8	8		384.76	48.10	.000	48.10	.01
OB VISITS/COMPRE PERI	93	155		11,156.61	71.98	.003	119.96	.22
OTHER OUTPATIENT	149	159		4,518.16	28.42	.003	30.32	.09
INPATIENT VISITS	407	1,249		83,317.93	66.71	.024	204.71	1.63
HOSPITAL VISITS	387	942		43,004.64	45.65	.018	111.12	.84
CRITICAL CARE	43	305		40,258.29	131.99	.006	936.24	.79

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	1	2	55.00	27.50	.000	55.00	.00
OPHTHALMOLOGICAL SERVICES	132	141	6,877.66	48.78	.003	52.10	.13
EXAMINATIONS	131	140	6,852.66	48.95	.003	52.31	.13
SERVICES AND MATERIALS	1	1	25.00	25.00	.000	25.00	.00
INPATIENT HOSPITAL SURGERY	310	1,339	165,968.48	123.95	.026	535.38	3.25
PRINCIPAL SURGEON	209	244	136,029.51	557.50	.005	650.86	2.67
ASSISTANT SURGEON	32	30	5,283.86	176.13	.001	165.12	.10
ANESTHESIOLOGIST	112	1,065	24,655.11	23.15	.021	220.13	.48
OUTPATIENT SURGERY	981	1,861	128,945.27	69.29	.036	131.44	2.53
PRINCIPAL SURGEON	881	1,094	109,249.95	99.86	.021	124.01	2.14
ASSISTANT SURGEON	4	4	307.16	76.79	.000	76.79	.01
ANESTHESIOLOGIST	158	763	19,388.16	25.41	.015	122.71	.38
DIALYSIS	2	14	315.86	22.56	.000	157.93	.01
PATHOLOGY	1,286	1,851	24,124.95	13.03	.036	18.76	.47
RADIOLOGY	2,286	3,380	94,091.47	27.84	.066	41.16	1.84
PSYCHIATRY	5	5	234.31	46.86	.000	46.86	.00

IMMUNIZATION AND INJECTION	326	622		20,384.73		32.77	.012		62.53		.40
OTHER SERVICES/ALL X-OVERS	1,177	5,010		84,389.18		16.84	.098		71.70		1.65
@PHARMACY	12,001	47,467	\$	2,102,151.59	\$	44.29	.930	\$	175.16	\$	41.20
PRESCRIPTION DRUGS	11,936	27,303		1,632,888.45	•	59.81	.535	•	136.80	•	32.00
SNF/ICF	18	60		2,248.91		37.48	.001		124.94		.04
OUTPATIENTS	11,924	27,243		1,630,639.54		59.86	.534		136.75		31.96
MEDICAL SUPPLIES	219	20,164		1,632,888.45 2,248.91 1,630,639.54 469,263.14		23.27	.395		2142.75		9.20
@DENTIST	2,379	9,996	\$	381,623.15	\$	38.18	.196	\$	160.41	\$	7.48
VISITS - DIAGNOSTIC	1,656	6,008		100,696.75			.118		60.81		1.97
ORAL SURGERY	293	756		43,649.00			.015		148.97		.86
DRUGS	181	222		4,908.75		22.11	.004		27.12		.10
ANESTHESIA	18	19		1,700.00 3,492.00 53,366.50 144,609.15		89.47	.000		94.44		.03
PERIODONTICS	24	25		3,492.00		139.68	.000		145.50		.07
ENDODONTICS	192	356		53,366.50		149.91	.007		277.95		1.05
RESTORATIVE DENTISTRY	896	2,335		144,609.15		61.93	.046		161.39		2.83
PROSTHETICS	6	6		150.00		25.00	.000		25.00		.00
DENTURES, STAYPLATES	36	64		16,551.00		258.61	.001		459.75		.32
SPACE MAINTAINERS	31	31 4 2		4,742.00		152.97	.001		152.97		.09
MAXILLOFACIAL SERVICES	4	4		148.00		37.00	.000		37.00		.00
FRACTURES, DISLOCATIONS	2	2		1,900.00		950.00	.000		950.00		.04
ORTHODONTIC SERVICES	59	./ 1		5,485.00		77.25	.001		92.97		.11
ALL OTHER SERVICES	54	97		225.00		2.32	.002		4.17		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S MON'	TH-OF-PAYMENT R	REPOR	RT FOR JAN	2003 THRU I	DEC	2003	Ρ	AGE 9,190
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR ALL FAMI	LIES								
							MC	NTH	ILY AVERA	GE	
51,027 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ΑV	FRAGE COST	UNITS/DAYS	G C	OST PER		COST PER
		OR DAYS OF CARE				ER UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	621	,	\$	42,407.63			.036	\$		\$	.83
DIAGNOSTIC AND ANC. PROCED	475	476		22,421.76			.009		47.20		.44
EYE APPLIANCES	473	1,320		19,411.27		14.71	.026		41.04		.38
OTHER OPTOMETRIC SERVICES	16	19		574.60		30.24	.000		35.91		.01
@CHIROPRACTOR	265	420	\$	6,976.42	\$	16.61	.008	\$	26.33	\$	.14
VISITS	265	420		6,976.42 .00		16.61	.008		26.33		.14
OTHER SERVICES	0	0				.00	.000		.00		.00
@PODIATRIST	45	~ ~	\$	2,029.20			.001	\$	45.09	\$	.04
MEDICINE/INJECTIONS	41	54		1,722.94		31.91	.001		42.02		.03
SURGERY / ANES	0	0		0.0		0.0	000		0.0		0.0

		OR DAYS OF CAR	.Ei		PE	R UNIT/DAY	PER ELIG	USER	ELTGIBLE
@OPTOMETRIST	621	1,815	\$	42,407.63	\$	23.37	.036	\$ 68.29	\$ .83
DIAGNOSTIC AND ANC. PROCED	475	476		22,421.76		47.10	.009	47.20	.44
EYE APPLIANCES	473	1,320		19,411.27		14.71	.026	41.04	.38
OTHER OPTOMETRIC SERVICES	16	19		574.60		30.24	.000	35.91	.01
@CHIROPRACTOR	265	420	\$	6,976.42	\$	16.61	.008	\$ 26.33	\$ .14
VISITS	265	420		6,976.42		16.61	.008	26.33	.14
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	45	66	\$	2,029.20	\$	30.75	.001	\$ 45.09	\$ .04
MEDICINE/INJECTIONS	41	54		1,722.94		31.91	.001	42.02	.03
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	3	5		81.32		16.26	.000	27.11	.00
OTHER	6	7		224.94		32.13	.000	37.49	.00
@HOME HEALTH AGENCY	52	244	\$	13,580.65	\$	55.66	.005	\$ 261.17	\$ . 27
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
NURSE MIDWIFE	24	62	\$	3,604.39	\$	58.14	.001	\$ 150.18	\$ .07
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	260	328	\$	8,125.22	\$	24.77	.006	\$ 31.25	.16
@TOTAL HOSPITAL	6,642	29,908	\$	3,008,896.12	\$	100.61	.586	\$ 453.01	\$ 58.97
HOSP INPATIENT TOTAL	407	1,615		2,257,571.18		1397.88	.032	5546.86	44.24
HSC HOSPITALS	64	452		592,590.11		1311.04	.009	9259.22	11.61
NON-HSC HOSPITAL TOTAL	335	1,136		1,658,254.27		1459.73	.022	4950.01	32.50
ACCOMMODATIONS	335	1,136		469,511.89		413.30	.022	1401.53	9.20
ADMINISTRATIVE DAYS	1	4		3,248.00		812.00	.000	3248.00	.06
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	335	1,132		466,263.89		411.89	.022	1391.83	9.14
ANCILLARIES	335	0		1,188,742.38		.00	.000	3548.48	23.30
INPATIENT CROSSOVERS	9	27		6,726.80		249.14	.001	747.42	.13
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6,446	28,293		751,324.94		26.56	.554	116.56	14.72
MEDICAL	781	990		40,025.05		40.43	.019	51.25	.78
SURGERY	647	710		17,652.40		24.86	.014	27.28	.35
PATHOLOGY	2,516	8,823		113,968.09		12.92	.173	45.30	2.23

RADIOLOGY	1,774	2,342	152,818.89	65.25	.046	86.14	2.99
ROOM USE	4,551	6,233	237,376.76	38.08	.122	52.16	4.65
CROSSOVERS/ALL OTH OUTPTNT	2,759	9,195	189,483.75	20.61	.180	68.68	3.71
@COUNTY HOSPITAL TOTAL	13	59 \$	2,111.10	\$ 35.78	.001 \$	162.39	\$ .04
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0				.00	
NON-HSC HOSPITALS TOTAL	•		.00	.00	.000		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	13	59	2,111.10	35.78	.001	162.39	.04
MEDICAL	5	7	356.84	50.98	.000	71.37	.01
SURGERY	2	3	454.24	151.41	.000	227.12	.01
PATHOLOGY	2	11	91.71	8.34	.000	45.86	.00
RADIOLOGY	5	8	197.05	24.63	.000	39.41	.00
ROOM USE	9	10	351.04	35.10	.000	39.00	.01
CROSSOVERS/ALL OTH OUTPTNT	9	20	660.22	33.01	.000	73.36	.01
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO					PAGE 9,191
MOP024	FEE-FOR-SERVICE			DI ORT I OR OTH	2005 IIIIO DEC	2005	01/29/04
NEVADA COUNTY		ICES FOR ALL FAMILIES					01/25/01
WE VIET COOK I	Sommer of Shiev		,		MONT	ימקדע ע.דעי	그루
51,027 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
JI, UZ/ EDIGIBLES	OSEKS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,634	29,849 \$	3,006,785.02	\$ 100.73	.585 \$	453.24	
COMM HOSP INPATIENT TOTAL	407	1,615	2,257,571.18	1397.88	.032	5546.86	44.24
HSC HOSPITALS	64	452	592,590.11	1311.04	.032	9259.22	11.61
	335			1459.73		4950.01	32.50
NON-HSC HOSPITALS TOTAL	335	1,136	1,658,254.27		.022		9.20
ACCOMMODATIONS		1,136	469,511.89	413.30	.022	1401.53	
ADMINISTRATIVE DAYS	1	4	3,248.00	812.00	.000	3248.00	.06
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	335	1,132	466,263.89	411.89	.022	1391.83	9.14
ANCILLARIES	335	0	1,188,742.38	.00	.000	3548.48	23.30
INPATIENT CROSSOVERS	9	27	6,726.80	249.14	.001	747.42	.13
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6,437	28,234	749,213.84	26.54	.553	116.39	14.68
MEDICAL	777	983	39,668.21	40.35	.019	51.05	.78
SURGERY	645	707	17,198.16	24.33	.014	26.66	.34
PATHOLOGY	2,515	8,812	113,876.38	12.92	.173	45.28	2.23
RADIOLOGY	1,770	2,334	152,621.84	65.39	.046	86.23	2.99
ROOM USE	4,544	6,223	237,025.72	38.09	.122	52.16	4.65
CROSSOVERS/ALL OTH OUTPINT	2,753	9,175	188,823.53	20.58	.180	68.59	3.70
@STATE HOSPITAL	, 0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	62 \$	7,143.02	\$ 115.21	.001 \$	7143.02	\$ .14
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-REHAD MD  LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
		U	.00	.00	.000	.00	

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LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

ICF DDH

ICF DD

0

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0

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HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	17	75		7,324.65		97.66	.001		430.86		.14
@REHABILITATION FACILITY	11	37	\$	1,097.52	\$	29.66	.001	\$	99.77	\$	.02
HOSPITAL BASED	6	12	•	727.24	•	60.60	.000	-	121.21		.01
INDEPENDENT FACILITY	5	25		370.28		14.81	.000		74.06		.01
@LABORATORY FACILITY	932	2,162	\$	40,242.39	\$	18.61	.042	\$	43.18	\$	.79
PATHOLOGY	932	2,162		40,242.39			.042		43.18		.79
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2,684	5,084	\$	598,958.20	\$	117.81	.100	\$	223.16	\$	11.74
CLINIC	443	1,396		36,873.59		26.41	.027		83.24		.72
SURGICENTER	34	190		5,389.77		28.37	.004		158.52		.11
HEROIN DETOX CLINIC	1	1		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,245	3,497		556,694.84		159.19	.069		247.97		10.91
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES MO	NTH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 9,192
MOP024	FEE-FOR-SERVICE/D	ENTAL									01/29/04
NEVADA COUNTY	SUMMARY OF SERVICE	ES FOR ALL FAM	ILIES								
							M	ONT	HLY AVERA	GE -	
51,027 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER	(	COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER	F	ELIGIBLE
@ALL OTHER PROVIDERS	2,627	22,621	\$	196,187.92	\$	8.67	.443	\$	74.68	\$	3.84
DURABLE MED. EQUIP.	49	84		5,272.59		62.77	.002		107.60		.10
DI COD DANIZ	0	0		0.0		0.0	000		0.0		0.0

51,027 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,627	22,621	\$	196,187.92	\$ 8.67	.443	\$ 74.68	\$ 3.84
DURABLE MED. EQUIP.	49	84		5,272.59	62.77	.002	107.60	.10
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	4		1,490.94	372.74	.000	372.74	.03
MEDICAL TRANSPORTATION	227	1,833		64,529.43	35.20	.036	284.27	1.26
AMBULANCES/AIR TRANS	223	1,791		39,198.71	21.89	.035	175.78	.77
OTHER TRANS	2	21		108.64	5.17	.000	54.32	.00
OTHER SERVICES	15	21		25,222.08	1201.05	.000	1681.47	.49
ACUPUNCTURE	3	3		70.28	23.43	.000	23.43	.00
ADULT DAY HEALTH CARE CTR	1	3		205.71	68.57	.000	205.71	.00
GENETIC DISEASE TESTING	65	65		6,583.00	101.28	.001	101.28	.13
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	498	1,059		9,499.36	8.97	.021	19.08	.19
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	57	98		10,487.04	107.01	.002	183.98	.21
PROSTHETICS	54	95		10,296.47	108.38	.002	190.68	.20
ORTHOTICS	3	3		190.57	63.52	.000	63.52	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	30	67		7,369.46	109.99	.001	245.65	.14
HOSPICE SERVICES	0	0		3,251.64	.00	.000	.00	.06
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,700	13,028		84,236.30	6.47	.255	49.55	1.65
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	40	6,377		3,192.17	.50	.125	79.80	.06
@CALIF. CHILDREN SERVICES*	204	5,968	\$	800,256.27	\$ 134.09	.117	\$ 3922.82	\$ 15.68
@XOVER EXCLUDING STATE HOSP**	118	1,862	\$	20,776.81	\$ 11.16	.036	\$ 176.07	\$ .41

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,193
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

			_	_						
							MC	NTHLY AVERA	AGE	
2,606 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE C	OST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER UNIT/	DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,345	40,637	\$	707,092.90	\$ 17.4	0	15.594	\$ 525.72	\$	271.33
@PHYSICIANS SERVICES	588	2,094	\$	84,410.52	\$ 40.3	1	.804	\$ 143.56	\$	32.39

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS 408 590 23,017.66 39.01 .226 56.42 OFFICE VISITS 260 328 10,640.58 32.44 .126 40.93 HOME VISITS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	8.83 4.08 .00 4.12 .00 .35 .27 4.45 2.40
HOME VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 4.12 .00 .35 .27 4.45 2.40
HOME VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 4.12 .00 .35 .27 4.45 2.40
EMERGENCY ROOM       150       214       10,744.80       50.21       .082       71.63         PREVENTIVE CARE       0       0       .00       .00       .00       .00       .00         OB VISITS/COMPRE PERI       8       27       916.98       33.96       .010       114.62         OTHER OUTPATIENT       17       21       715.30       34.06       .008       42.08         INPATIENT VISITS       40       186       11,597.69       62.35       .071       289.94         HOSPITAL VISITS       31       139       6,251.79       44.98       .053       201.67         CRITICAL CARE       8       38       5,100.52       134.22       .015       637.57         SNF/ICF/TRANS IP CARE       6       9       245.38       27.26       .003       40.90         OPHTHALMOLOGICAL SERVICES       10       10       410.78       41.08       .004       41.08	4.12 .00 .35 .27 4.45 2.40
PREVENTIVE CARE         0         0         .00 <th< td=""><td>.00 .35 .27 4.45 2.40</td></th<>	.00 .35 .27 4.45 2.40
OB VISITS/COMPRE PERI     8     27     916.98     33.96     .010     114.62       OTHER OUTPATIENT     17     21     715.30     34.06     .008     42.08       INPATIENT VISITS     40     186     11,597.69     62.35     .071     289.94       HOSPITAL VISITS     31     139     6,251.79     44.98     .053     201.67       CRITICAL CARE     8     38     5,100.52     134.22     .015     637.57       SNF/ICF/TRANS IP CARE     6     9     245.38     27.26     .003     40.90       OPHTHALMOLOGICAL SERVICES     10     10     410.78     41.08     .004     41.08	.35 .27 4.45 2.40
OTHER OUTPATIENT       17       21       715.30       34.06       .008       42.08         INPATIENT VISITS       40       186       11,597.69       62.35       .071       289.94         HOSPITAL VISITS       31       139       6,251.79       44.98       .053       201.67         CRITICAL CARE       8       38       5,100.52       134.22       .015       637.57         SNF/ICF/TRANS IP CARE       6       9       245.38       27.26       .003       40.90         OPHTHALMOLOGICAL SERVICES       10       10       410.78       41.08       .004       41.08	.27 4.45 2.40
INPATIENT VISITS 40 186 11,597.69 62.35 .071 289.94 HOSPITAL VISITS 31 139 6,251.79 44.98 .053 201.67 CRITICAL CARE 8 38 5,100.52 134.22 .015 637.57 SNF/ICF/TRANS IP CARE 6 9 245.38 27.26 .003 40.90 OPHTHALMOLOGICAL SERVICES 10 10 410.78 41.08 .004 41.08	4.45 2.40
HOSPITAL VISITS       31       139       6,251.79       44.98       .053       201.67         CRITICAL CARE       8       38       5,100.52       134.22       .015       637.57         SNF/ICF/TRANS IP CARE       6       9       245.38       27.26       .003       40.90         OPHTHALMOLOGICAL SERVICES       10       10       410.78       41.08       .004       41.08	2.40
HOSPITAL VISITS       31       139       6,251.79       44.98       .053       201.67         CRITICAL CARE       8       38       5,100.52       134.22       .015       637.57         SNF/ICF/TRANS IP CARE       6       9       245.38       27.26       .003       40.90         OPHTHALMOLOGICAL SERVICES       10       10       410.78       41.08       .004       41.08	2.40
CRITICAL CARE 8 38 5,100.52 134.22 .015 637.57 SNF/ICF/TRANS IP CARE 6 9 245.38 27.26 .003 40.90 OPHTHALMOLOGICAL SERVICES 10 10 410.78 41.08 .004 41.08	
SNF/ICF/TRANS IP CARE     6     9     245.38     27.26     .003     40.90       OPHTHALMOLOGICAL SERVICES     10     10     410.78     41.08     .004     41.08	1.96
OPHTHALMOLOGICAL SERVICES         10         10         410.78         41.08         .004         41.08	
	.09
EXAMINATIONS 10 10 10 410 78 41 08 004 41 08	.16
	.16
SERVICES AND MATERIALS 0 0 .00 .00 .00 .00 .00	.00
INPATIENT HOSPITAL SURGERY 42 443 23,155.02 52.27 .170 551.31	8.89
PRINCIPAL SURGEON 24 53 15,943.91 300.83 .020 664.33	6.12
ASSISTANT SURGEON 2 2 308.61 154.31 .001 154.31	.12
ANESTHESIOLOGIST 20 388 6,902.50 17.79 .149 345.13	2.65
OUTPATIENT SURGERY 67 146 8,412.28 57.62 .056 125.56	3.23
PRINCIPAL SURGEON 54 69 6,173.84 89.48 .026 114.33	2.37
ASSISTANT SURGEON 1 1 52.12 52.12 .000 52.12	.02
ANESTHESIOLOGIST 14 76 2,186.32 28.77 .029 156.17	.84
DIALYSIS 0 0 .00 .00 .00 .00	.00
	.70
RADIOLOGY 148 364 9,274.83 25.48 .140 62.67	3.56
PSYCHIATRY 0 0 0 .00 .00 .00 .00	.00
IMMUNIZATION AND INJECTION 11 11 1,949.28 177.21 .004 177.21	.75
OTHER SERVICES/ALL X-OVERS 65 236 4,764.10 20.19 .091 73.29	1.83
@PHARMACY 563 10,626 \$ 92,531.96 \$ 8.71 4.078 \$ 164.36 \$	35.51
PRESCRIPTION DRUGS 555 1,279 85,307.91 66.70 .491 153.71	32.74
· · · · · · · · · · · · · · · · · · ·	
	6.67
OUTPATIENTS         518         1,047         67,921.19         64.87         .402         131.12	26.06
MEDICAL SUPPLIES 39 9,347 7,224.05 .77 3.587 185.23	2.77
@DENTIST 97 406 \$ 14,475.00 \$ 35.65 .156 \$ 149.23 \$	5.55
VISITS - DIAGNOSTIC 74 266 5,022.00 18.88 .102 67.86	1.93
ORAL SURGERY 15 35 3,544.00 101.26 .013 236.27	1.36
DRUGS 4 4 75.00 18.75 .002 18.75	.03
	.08
	1111
	.00
ENDODONTICS 2 2 660.00 330.00 .001 330.00	.25
ENDODONTICS 2 2 660.00 330.00 .001 330.00	.25
ENDODONTICS         2         2         660.00         330.00         .001         330.00           RESTORATIVE DENTISTRY         31         92         4,704.00         51.13         .035         151.74           PROSTHETICS         0         0         .00         .00         .00         .00	.25 1.81 .00
ENDODONTICS         2         2         660.00         330.00         .001         330.00           RESTORATIVE DENTISTRY         31         92         4,704.00         51.13         .035         151.74           PROSTHETICS         0         0         .00         .00         .00         .00           DENTURES, STAYPLATES         0         0         .00         .00         .00         .00	.25 1.81 .00 .00
ENDODONTICS         2         2         660.00         330.00         .001         330.00           RESTORATIVE DENTISTRY         31         92         4,704.00         51.13         .035         151.74           PROSTHETICS         0         0         .00         .00         .00         .00           DENTURES, STAYPLATES         0         0         .00         .00         .00         .00           SPACE MAINTAINERS         1         1         120.00         120.00         .000         120.00	.25 1.81 .00 .00
ENDODONTICS         2         2         660.00         330.00         .001         330.00           RESTORATIVE DENTISTRY         31         92         4,704.00         51.13         .035         151.74           PROSTHETICS         0         0         .00         .00         .00         .00           DENTURES, STAYPLATES         0         0         .00         .00         .00         .00           SPACE MAINTAINERS         1         1         120.00         120.00         .00         120.00           MAXILLOFACIAL SERVICES         1         2         150.00         75.00         .001         150.00	.25 1.81 .00 .00 .05
ENDODONTICS         2         2         660.00         330.00         .001         330.00           RESTORATIVE DENTISTRY         31         92         4,704.00         51.13         .035         151.74           PROSTHETICS         0         0         .00         .00         .00         .00         .00           DENTURES, STAYPLATES         0         0         .00         .00         .00         .00         .00           SPACE MAINTAINERS         1         1         120.00         120.00         .00         120.00           MAXILLOFACIAL SERVICES         1         2         150.00         75.00         .001         150.00           FRACTURES, DISLOCATIONS         0         0         .00         .00         .00         .00	.25 1.81 .00 .00 .05 .06
ENDODONTICS         2         2         660.00         330.00         .001         330.00           RESTORATIVE DENTISTRY         31         92         4,704.00         51.13         .035         151.74           PROSTHETICS         0         0         .00         .00         .00         .00         .00           DENTURES, STAYPLATES         0         0         .00         .00         .00         .00         .00           SPACE MAINTAINERS         1         1         120.00         120.00         .00         120.00           MAXILLOFACIAL SERVICES         1         2         150.00         75.00         .001         150.00           FRACTURES, DISLOCATIONS         0         0         .00         .00         .00         .00           ORTHODONTIC SERVICES         0         0         .00         .00         .00         .00	.25 1.81 .00 .00 .05 .06 .00
ENDODONTICS         2         2         660.00         330.00         .001         330.00           RESTORATIVE DENTISTRY         31         92         4,704.00         51.13         .035         151.74           PROSTHETICS         0         0         .00         .00         .00         .00         .00           DENTURES, STAYPLATES         0         0         .00         .00         .00         .00         .00           SPACE MAINTAINERS         1         1         120.00         120.00         .00         .00         .00           MAXILLOFACIAL SERVICES         1         2         150.00         75.00         .001         150.00           FRACTURES, DISLOCATIONS         0         0         .00         .00         .00         .00           ORTHODONTIC SERVICES         0         0         .00         .00         .00         .00         .00           ALL OTHER SERVICES         3         2         .00         .00         .001         .00	.25 1.81 .00 .00 .05 .06
ENDODONTICS         2         2         660.00         330.00         .001         330.00           RESTORATIVE DENTISTRY         31         92         4,704.00         51.13         .035         151.74           PROSTHETICS         0         0         .00         .00         .00         .00         .00           DENTURES, STAYPLATES         0         0         .00         .00         .00         .00         .00           SPACE MAINTAINERS         1         1         120.00         120.00         .00         .00         .00           MAXILLOFACIAL SERVICES         1         2         150.00         75.00         .001         150.00           FRACTURES, DISLOCATIONS         0         0         .00         .00         .00         .00           ORTHODONTIC SERVICES         0         0         .00         .00         .00         .00         .00           ALL OTHER SERVICES         3         2         .00         .00         .001         .00	.25 1.81 .00 .00 .05 .06 .00
ENDODONTICS         2         2         660.00         330.00         .001         330.00           RESTORATIVE DENTISTRY         31         92         4,704.00         51.13         .035         151.74           PROSTHETICS         0         0         .00         .00         .00         .00         .00           DENTURES, STAYPLATES         0         0         .00         .00         .00         .00         .00           SPACE MAINTAINERS         1         1         120.00         120.00         .00         .00         120.00           MAXILLOFACIAL SERVICES         1         2         150.00         75.00         .001         150.00           FRACTURES, DISLOCATIONS         0         0         .00         .00         .00         .00         .00           ORTHODONTIC SERVICES         0         0         .00         .00         .00         .00         .00         .00           ALL OTHER SERVICES         3         2         .00         .00         .00         .00         .00         .00           #CALIF DEPT OF HEALTH SERV         MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003         P	.25 1.81 .00 .00 .05 .06 .00 .00 .00
ENDODONTICS         2         2         2         660.00         330.00         .001         330.00           RESTORATIVE DENTISTRY         31         92         4,704.00         51.13         .035         151.74           PROSTHETICS         0         0         .00         .00         .00         .00         .00           DENTURES, STAYPLATES         0         0         .00         .00         .00         .00         .00           SPACE MAINTAINERS         1         1         120.00         120.00         .00         .00         .00           MAXILLOFACIAL SERVICES         1         2         150.00         75.00         .001         150.00           FRACTURES, DISLOCATIONS         0         0         .00	.25 1.81 .00 .00 .05 .06 .00
ENDODONTICS 2 2 660.00 330.00 .001 330.00 RESTORATIVE DENTISTRY 31 92 4,704.00 51.13 .035 151.74 PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 0 0 0 .00 .00 .00 .00 .00 .00 .00 SPACE MAINTAINERS 1 1 1 120.00 120.00 .00 .00 120.00 MAXILLOFACIAL SERVICES 1 2 150.00 75.00 .001 150.00 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	.25 1.81 .00 .05 .06 .00 .00 .00 .00 AGE 9,194 01/29/04
ENDODONTICS 2 2 2 660.00 330.00 .001 330.00  RESTORATIVE DENTISTRY 31 92 4,704.00 51.13 .035 151.74  PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 .00  DENTURES, STAYPLATES 0 0 0 .00 .00 .00 .00 .00  SPACE MAINTAINERS 1 1 1 120.00 120.00 .000 120.00  MAXILLOFACIAL SERVICES 1 2 150.00 75.00 .001 150.00  FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00  ORTHODONTIC SERVICES 0 0 0 .00 .00 .00 .00 .00  ALL OTHER SERVICES 0 0 0 .00 .00 .00 .00 .00  #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 P  MOPO 24	.25 1.81 .00 .00 .05 .06 .00 .00 .00 .00 .00 .01/29/04
ENDODONTICS 2 2 2 660.00 330.00 .001 330.00  RESTORATIVE DENTISTRY 31 92 4,704.00 51.13 .035 151.74  PROSTHETICS 0 0 0 .00 .00 .00 .000 .000  DENTURES, STAYPLATES 0 0 0 .00 .00 .00 .000 .000  SPACE MAINTAINERS 1 1 1 20.00 120.00 .000 .000  MAXILLOFACIAL SERVICES 1 2 150.00 75.00 .001 150.00  FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .000 .000  ORTHODONTIC SERVICES 0 0 0 0 .00 .00 .00 .000  ALL OTHER SERVICES 0 0 0 0 .00 .00 .00 .000 .000  #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 P  MOPO 24 FEE-FOR-SERVICE/DENTAL  NEVADA COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT  MONTHLY AVERAGE  2,606 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER	.25 1.81 .00 .00 .05 .06 .00 .00 .00 .00 .01/29/04
ENDODONTICS 2 2 660.00 330.00 .001 330.00 RESTORATIVE DENTISTRY 31 92 4,704.00 51.13 .035 151.74 PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	.25 1.81 .00 .00 .05 .06 .00 .00 .00 .00 .00 .00 .00 .00 .00
ENDODONTICS 2 2 660.00 330.00 .001 330.00  RESTORATIVE DENTISTRY 31 92 4,704.00 51.13 .035 151.74  PROSTHETICS 0 0 0 .00 .00 .00 .000 .000  DENTURES, STAYPLATES 0 0 0 .00 .00 .00 .000 .000  SPACE MAINTAINERS 1 1 120.00 120.00 .000 120.00  MAXILLOFACIAL SERVICES 1 2 150.00 75.00 .001 150.00  FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .000 .000  ORTHODONTIC SERVICES 0 0 0 .00 .00 .00 .000 .000  ALL OTHER SERVICES 0 0 0 0 .00 .00 .000 .000  ##CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 P  MOPO24 FEE-FOR-SERVICE/DENTAL  NEVADA COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT  MONTHLY AVERAGE  2,606 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER  OR DAYS OF CARE  OR DAYS OF CARE  PER UNIT/DAY PER ELIG USER  @OPTOMETRIST 29 74 \$ 1,840.71 \$ 24.87 .028 \$ 63.47 \$	.25 1.81 .00 .00 .05 .06 .00 .00 .00 .01/29/04 
ENDODONTICS 2 2 660.00 330.00 .001 330.00 RESTORATIVE DENTISTRY 31 92 4,704.00 51.13 .035 151.74 PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	.25 1.81 .00 .00 .05 .06 .00 .00 .00 .00 .00 .00 .00 .00 .00
ENDODONTICS 2 2 660.00 330.00 .001 330.00 RESTORATIVE DENTISTRY 31 92 4,704.00 51.13 .035 151.74 PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	.25 1.81 .00 .00 .05 .06 .00 .00 .00 .01/29/04 
ENDODONTICS 2 2 2 660.00 330.00 .001 330.00 RESTORATIVE DENTISTRY 31 92 4,704.00 51.13 .035 151.74 PROSTHETICS 0 0 0 .00 .00 .000 .000 .000 .000 .00	.25 1.81 .00 .00 .05 .06 .00 .00 .00 .00 .02 .00 .00 .05 .00 .00 .00 .00 .01/29/04
ENDODONTICS 2 2 2 660.00 330.00 .001 330.00 RESTORATIVE DENTISTRY 31 92 4,704.00 51.13 .035 151.74 PROSTHETICS 0 0 0 .00 .00 .000 .000 .000 .000 .00	.25 1.81 .00 .00 .05 .06 .00 .00 .00 AGE 9,194 01/29/04 
ENDODONTICS 2 2 2 660.00 330.00 .001 330.00 RESTORATIVE DENTISTRY 31 92 4,704.00 51.13 .035 151.74 PROSTHETICS 0 0 0 .00 .00 .000 .000 .000 .000 .00	.25 1.81 .00 .00 .05 .06 .00 .00 .00 .00 .02 .00 .00 .05 .00 .00 .00 .00 .01/29/04

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	7	785	\$ 18,851.64	\$ 24.01	.301	\$ 2693.09	\$ 7.23
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	3	11	\$ 675.90	\$ 61.45	.004	\$ 225.30	\$ .26
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	10	12	\$ 292.88	\$ 24.41	.005	\$ 29.29	\$ .11
@TOTAL HOSPITAL	367	1,840	\$ 310,665.08	\$ 168.84	.706	\$ 846.50	\$ 119.21
HOSP INPATIENT TOTAL	32	202	264,556.73	1309.69	.078	8267.40	101.52
HSC HOSPITALS	13	142	170,005.00	1197.22	.054	13077.31	65.24
NON-HSC HOSPITAL TOTAL	20	60	94,551.73	1575.86	.023	4727.59	36.28
ACCOMMODATIONS	20	60	24,556.17	409.27	.023	1227.81	9.42

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	60					
			24,556.17	409.27	.023	1227.81	9.42
ANCILLARIES	20	0	69,995.56	.00	.000	3499.78	26.86
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	-						
HOSP OUTPATIENT TOTAL	344	1,638	46,108.35	28.15	.629	134.04	17.69
MEDICAL	47	52	1,820.10	35.00	.020	38.73	.70
SURGERY	47	58	1,294.26	22.31	.022	27.54	.50
PATHOLOGY	142	502	6,253.98	12.46	.193	44.04	2.40
RADIOLOGY	107	157	13,009.15	82.86	.060	121.58	4.99
ROOM USE	240	364	13,507.81	37.11	.140	56.28	5.18
CROSSOVERS/ALL OTH OUTPTNT	152	505	10,223.05	20.24	.194	67.26	3.92
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000		\$ .00
	0	- '					•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	U	0					
ADMINISTRATIVE DAYS	Ü	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	U	0					
INPATIENT CROSSOVERS	Ü	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	U	0					
SURGERY	Ü	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
ROOM USE	U						
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	-	0 ES AND EXPENDITURES MON	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	.00	.00	.000	.00	.00 PAGE 9,195
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MON	.00 NTH-OF-PAYMENT RE	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MON	.00 NTH-OF-PAYMENT RE	.00	.000 2003 THRU D	.00 EC 2003	.00 PAGE 9,195 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MON CODENTAL CICES FOR ALL MEDICALLY	.00 NTH-OF-PAYMENT RE	.00 PORT FOR JAN	.000 2003 THRU D	.00 EC 2003 NTHLY AVERA	.00 PAGE 9,195 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MON	.00 NTH-OF-PAYMENT RE	.00	.000 2003 THRU D	.00 EC 2003 NTHLY AVERA	.00 PAGE 9,195 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MON DENTAL CICES FOR ALL MEDICALLY UNITS OF SERVICE	.00 NTH-OF-PAYMENT RE	.00 EPORT FOR JAN AVERAGE COST	.000 2003 THRU D MO UNITS/DAYS	.00 EC 2003 NTHLY AVERA COST PER	.00 PAGE 9,195 01/29/04 GE COST PER
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 2,606 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MON I/DENTAL VICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE	.00 NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY	.000 2003 THRU D MO UNITS/DAYS PER ELIG	.00 EC 2003 NTHLY AVERA COST PER USER	.00 PAGE 9,195 01/29/04 GE COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,606 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 367	ES AND EXPENDITURES MON I/DENTAL VICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 1,840 \$	.00 NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 310,665.08	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 168.84	.000 2003 THRU D MO UNITS/DAYS PER ELIG .706	.00 EC 2003 NTHLY AVERA COST PER USER \$ 846.50	.00 PAGE 9,195 01/29/04  GE COST PER ELIGIBLE \$ 119.21
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,606 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 367 32	ES AND EXPENDITURES MON HOPENTAL VICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 1,840 \$ 202	.00 NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 310,665.08 264,556.73	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 168.84 1309.69	.000 2003 THRU D MO UNITS/DAYS PER ELIG .706 .078	.00 EC 2003 NTHLY AVERA COST PER USER \$ 846.50 8267.40	.00 PAGE 9,195 01/29/04  GE COST PER ELIGIBLE \$ 119.21 101.52
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,606 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 367	ES AND EXPENDITURES MON I/DENTAL VICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 1,840 \$	.00 NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 310,665.08	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 168.84	.000 2003 THRU D MO UNITS/DAYS PER ELIG .706	.00 EC 2003 NTHLY AVERA COST PER USER \$ 846.50	.00 PAGE 9,195 01/29/04  GE COST PER ELIGIBLE \$ 119.21
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,606 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 367 32 13	EES AND EXPENDITURES MON C/DENTAL VICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 1,840 \$ 202 142	.00 NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 310,665.08 264,556.73 170,005.00	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 168.84 1309.69 1197.22	.000 2003 THRU D MO UNITS/DAYS PER ELIG .706 .078 .054	.00 EC 2003  NTHLY AVERA COST PER USER \$ 846.50 8267.40 13077.31	.00 PAGE 9,195 01/29/04  GE COST PER ELIGIBLE \$ 119.21 101.52 65.24
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,606 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 367 32 13 20	ES AND EXPENDITURES MON C/DENTAL VICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 1,840 \$ 202 142 60	.00 NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 310,665.08 264,556.73 170,005.00 94,551.73	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 168.84 1309.69 1197.22 1575.86	.000 2003 THRU D MO UNITS/DAYS PER ELIG .706 .078 .054 .023	.00 EC 2003 NTHLY AVERA COST PER USER \$ 846.50 8267.40 13077.31 4727.59	.00 PAGE 9,195 01/29/04  GE COST PER ELIGIBLE \$ 119.21 101.52 65.24 36.28
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,606 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 367 32 13 20 20	ES AND EXPENDITURES MON C/DENTAL VICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 1,840 \$ 202 142 60 60	.00 NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 310,665.08 264,556.73 170,005.00 94,551.73 24,556.17	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 168.84 1309.69 1197.22 1575.86 409.27	.000 2003 THRU D MO UNITS/DAYS PER ELIG .706 .078 .054 .023 .023	.00 EC 2003 NTHLY AVERA COST PER USER \$ 846.50 8267.40 13077.31 4727.59 1227.81	.00 PAGE 9,195 01/29/04  GE COST PER ELIGIBLE \$ 119.21 101.52 65.24 36.28 9.42
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,606 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 367 32 13 20 20 0	ES AND EXPENDITURES MON C/DENTAL VICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 1,840 \$ 202 142 60 60 0	.00 NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 310,665.08 264,556.73 170,005.00 94,551.73 24,556.17 .00	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 168.84 1309.69 1197.22 1575.86 409.27 .00	.000 2003 THRU D MO UNITS/DAYS PER ELIG .706 .078 .054 .023 .023 .000	.00 EC 2003 NTHLY AVERA COST PER USER \$ 846.50 8267.40 13077.31 4727.59 1227.81	.00 PAGE 9,195 01/29/04  GE COST PER ELIGIBLE \$ 119.21 101.52 65.24 36.28 9.42 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,606 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 367 32 13 20 20	ES AND EXPENDITURES MON C/DENTAL VICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 1,840 \$ 202 142 60 60	.00 NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 310,665.08 264,556.73 170,005.00 94,551.73 24,556.17	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 168.84 1309.69 1197.22 1575.86 409.27	.000 2003 THRU D MO UNITS/DAYS PER ELIG .706 .078 .054 .023 .023	.00 EC 2003 NTHLY AVERA COST PER USER \$ 846.50 8267.40 13077.31 4727.59 1227.81	.00 PAGE 9,195 01/29/04  GE COST PER ELIGIBLE \$ 119.21 101.52 65.24 36.28 9.42
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,606 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 367 32 13 20 20 0	ES AND EXPENDITURES MON C/DENTAL VICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 1,840 \$ 202 142 60 60 0	.00 NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 310,665.08 264,556.73 170,005.00 94,551.73 24,556.17 .00	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 168.84 1309.69 1197.22 1575.86 409.27 .00	.000 2003 THRU D MO UNITS/DAYS PER ELIG .706 .078 .054 .023 .023 .000 .000	.00 EC 2003 NTHLY AVERA COST PER USER \$ 846.50 8267.40 13077.31 4727.59 1227.81	.00 PAGE 9,195 01/29/04  GE COST PER ELIGIBLE \$ 119.21 101.52 65.24 36.28 9.42 .00 .00
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#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,606 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  367 32 13 20 20 0 0 20 0 344 47	ES AND EXPENDITURES MONOR OF COMMENTAL VICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 1,840 \$ 202 142 60 60 0 0 60 0 0 60 0 0 1,638 52	.00 NTH-OF-PAYMENT RE Y INDIGENT  EXPENDITURES  310,665.08 264,556.73 170,005.00 94,551.73 24,556.17 .00 .00 24,556.17 69,995.56 .00 .00 46,108.35 1,820.10 1,294.26 6,253.98	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 168.84 1309.69 1197.22 1575.86 409.27 .00 .00 409.27 .00 .00 28.15 35.00	.000 2003 THRU D  MO UNITS/DAYS PER ELIG .706 .078 .054 .023 .023 .000 .000 .023 .000 .000 .023	.00 EC 2003  NTHLY AVERA COST PER USER \$ 846.50 8267.40 13077.31 4727.59 1227.81 .00 .00 1227.81 3499.78 .00 .00 134.04 38.73	.00 PAGE 9,195 01/29/04  GE COST PER ELIGIBLE \$ 119.21 101.52 65.24 36.28 9.42 .00 .00 9.42 26.86 .00 .00 17.69 .70
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,606 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  367 32 13 20 20 0 0 20 0 344 47 47	ES AND EXPENDITURES MONOR CONTROL OF SERVICE OR DAYS OF CARE 1,840 \$ 202 142 60 60 0 0 60 0 0 1,638 52 58	.00 NTH-OF-PAYMENT RE Y INDIGENT  EXPENDITURES  310,665.08 264,556.73 170,005.00 94,551.73 24,556.17 .00 .00 24,556.17 69,995.56 .00 46,108.35 1,820.10 1,294.26	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 168.84 1309.69 1197.22 1575.86 409.27 .00 .00 409.27 .00 .00 28.15 35.00 22.31 12.46	.000 2003 THRU D MO. UNITS/DAYS PER ELIG .706 .078 .054 .023 .023 .000 .000 .000 .023 .000 .000	.00 EC 2003  NTHLY AVERA COST PER USER \$ 846.50 8267.40 13077.31 4727.59 1227.81 .00 .00 1227.81 3499.78 .00 .00 134.04 38.73 27.54 44.04	.00 PAGE 9,195 01/29/04  GE COST PER ELIGIBLE \$ 119.21 101.52 65.24 36.28 9.42 .00 .00 9.42 26.86 .00 .00 17.69 .70 .50
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,606 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  367 32 13 20 20 0 0 0 344 47 47 142 107	ES AND EXPENDITURES MONOR OF CONTRACT OF SERVICE OR DAYS OF CARE 1,840 \$ 202 142 60 60 0 0 60 0 0 0 1,638 52 58 502 157	.00 NTH-OF-PAYMENT RE Y INDIGENT  EXPENDITURES  310,665.08 264,556.73 170,005.00 94,551.73 24,556.17 .00 .00 24,556.17 69,995.56 .00 .00 46,108.35 1,820.10 1,294.26 6,253.98 13,009.15	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 168.84 1309.69 1197.22 1575.86 409.27 .00 .00 409.27 .00 .00 28.15 35.00 22.31 12.46 82.86	.000 2003 THRU D MO UNITS/DAYS PER ELIG .706 .078 .054 .023 .000 .000 .000 .000 .000 .000 .000	.00 EC 2003  NTHLY AVERA COST PER USER \$ 446.50 8267.40 13077.31 4727.59 1227.81 .00 .00 1227.81 3499.78 .00 .00 134.04 38.73 27.54 44.04 121.58	.00 PAGE 9,195 01/29/04  GE COST PER ELIGIBLE \$ 119.21 101.52 65.24 36.28 9.42 .00 .00 9.42 26.86 .00 .00 17.69 .70 .50 2.40 4.99
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,606 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  367 32 13 20 20 0 0 0 344 47 47 142 107 240	ES AND EXPENDITURES MONE OF ALL MEDICALLY VICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 1,840 \$ 202 142 60 60 0 0 60 0 0 0 60 0 0 1,638 52 58 502 157 364	.00 NTH-OF-PAYMENT RE Y INDIGENT  EXPENDITURES  310,665.08 264,556.73 170,005.00 94,551.73 24,556.17 .00 .00 24,556.17 69,995.56 .00 .00 46,108.35 1,820.10 1,294.26 6,253.98 13,009.15 13,507.81	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 168.84 1309.69 1197.22 1575.86 409.27 .00 .00 409.27 .00 .00 28.15 35.00 22.31 12.46 82.86 37.11	.000 2003 THRU D  MO UNITS/DAYS PER ELIG .706 .078 .054 .023 .000 .000 .000 .023 .000 .000 .000	.00 EC 2003  NTHLY AVERA COST PER USER \$ 846.50 8267.40 13077.31 4727.59 1227.81 .00 .00 1227.81 .00 .00 1227.81 .00 .00 134.04 38.73 27.54 44.04 121.58 56.28	.00 PAGE 9,195 01/29/04  GE COST PER ELIGIBLE \$ 119.21 101.52 65.24 36.28 9.42 .00 .00 9.42 26.86 .00 .00 17.69 .70 .50 2.40 4.99 5.18
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,606 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  367 32 13 20 20 0 0 0 0 344 47 47 142 107 240 152	ES AND EXPENDITURES MONE OF ALL MEDICALLY VICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 1,840 \$ 202 142 60 60 0 0 60 0 0 0 1,638 52 58 502 157 364 505	.00 NTH-OF-PAYMENT RE Y INDIGENT  EXPENDITURES  310,665.08 264,556.73 170,005.00 94,551.73 24,556.17 .00 .00 24,556.17 69,995.56 .00 .00 46,108.35 1,820.10 1,294.26 6,253.98 13,009.15 13,507.81 10,223.05	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 168.84 1309.69 1197.22 1575.86 409.27 .00 .00 409.27 .00 .00 28.15 35.00 22.31 12.46 82.86 37.11 20.24	.000 2003 THRU D  MO UNITS/DAYS PER ELIG .706 .078 .054 .023 .023 .000 .000 .000 .023 .000 .000	.00 EC 2003  NTHLY AVERA COST PER USER \$ 846.50 8267.40 13077.31 4727.59 1227.81 .00 .00 1227.81 3499.78 .00 .00 134.04 38.73 27.54 44.04 121.58 56.28 67.26	.00 PAGE 9,195 01/29/04  GE COST PER ELIGIBLE \$ 119.21 101.52 65.24 36.28 9.42 .00 .00 9.42 26.86 .00 .00 17.69 .70 .50 2.40 4.99 5.18 3.92
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,606 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  367 32 13 20 20 0 0 0 344 47 47 142 107 240	ES AND EXPENDITURES MONE OF ALL MEDICALLY VICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 1,840 \$ 202 142 60 60 0 0 60 0 0 0 60 0 0 1,638 52 58 502 157 364	.00 NTH-OF-PAYMENT RE Y INDIGENT  EXPENDITURES  310,665.08 264,556.73 170,005.00 94,551.73 24,556.17 .00 .00 24,556.17 69,995.56 .00 .00 46,108.35 1,820.10 1,294.26 6,253.98 13,009.15 13,507.81 10,223.05 .00	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 168.84 1309.69 1197.22 1575.86 409.27 .00 .00 409.27 .00 .00 28.15 35.00 22.31 12.46 82.86 37.11	.000 2003 THRU D  MO UNITS/DAYS PER ELIG .706 .078 .054 .023 .023 .000 .000 .000 .023 .000 .000	.00 EC 2003  NTHLY AVERA COST PER USER \$ 846.50 8267.40 13077.31 4727.59 1227.81 .00 .00 1227.81 .00 .00 134.04 .38.73 .27.54 .44.04 121.58 .56.28 .67.26	.00 PAGE 9,195 01/29/04  GE COST PER ELIGIBLE \$ 119.21 101.52 65.24 36.28 9.42 .00 .00 9.42 26.86 .00 .00 17.69 .70 .50 2.40 4.99 5.18
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,606 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  367 32 13 20 20 0 0 0 0 344 47 47 142 107 240 152	ES AND EXPENDITURES MONOR OF CAPE  VICES FOR ALL MEDICALLY  UNITS OF SERVICE OR DAYS OF CARE  1,840 \$ 202 142 60 60 0 0 0 1,638 52 58 502 157 364 505 0 \$	.00 NTH-OF-PAYMENT RE Y INDIGENT  EXPENDITURES  310,665.08 264,556.73 170,005.00 94,551.73 24,556.17 .00 .00 24,556.17 69,995.56 .00 .00 46,108.35 1,820.10 1,294.26 6,253.98 13,009.15 13,507.81 10,223.05 .00	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 168.84 1309.69 1197.22 1575.86 409.27 .00 .00 409.27 .00 .00 28.15 35.00 22.31 12.46 82.86 37.11 20.24 \$ .00	.000 2003 THRU D  MO UNITS/DAYS PER ELIG .706 .078 .054 .023 .023 .000 .000 .000 .023 .000 .000	.00 EC 2003  NTHLY AVERA COST PER USER \$ 846.50 8267.40 13077.31 4727.59 1227.81 .00 .00 1227.81 .00 .00 134.04 .38.73 .27.54 .44.04 121.58 .56.28 .67.26	.00 PAGE 9,195 01/29/04  GE COST PER ELIGIBLE \$ 119.21 101.52 65.24 36.28 9.42 .00 .00 9.42 26.86 .00 .00 17.69 .70 .50 2.40 4.99 5.18 3.92 \$
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,606 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  367 32 13 20 20 0 0 0 0 344 47 47 142 107 240 152 0 0	ES AND EXPENDITURES MONOR OF COMMENTAL VICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 1,840 \$ 202 142 60 60 60 0 0 60 60 0 0 1,638 52 58 502 157 364 505 0 \$ 0	.00 NTH-OF-PAYMENT RE Y INDIGENT  EXPENDITURES  310,665.08 264,556.73 170,005.00 94,551.73 24,556.17 .00 .00 24,556.17 69,995.56 .00 .00 46,108.35 1,820.10 1,294.26 6,253.98 13,009.15 13,507.81 10,223.05 .00 .00	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 168.84 1309.69 1197.22 1575.86 409.27 .00 .00 409.27 .00 .00 28.15 35.00 22.31 12.46 82.86 37.11 20.24 \$ .00 .00	.000 2003 THRU D  MOX UNITS/DAYS PER ELIG .706 .078 .054 .023 .023 .000 .000 .000 .023 .000 .000	.00 EC 2003  NTHLY AVERA COST PER USER \$ 846.50 8267.40 13077.31 4727.59 1227.81 .00 .00 1227.81 3499.78 .00 .00 134.04 38.73 27.54 44.04 121.58 56.28 67.26 \$ .00 .00	.00 PAGE 9,195 01/29/04  GE COST PER ELIGIBLE \$ 119.21 101.52 65.24 36.28 9.42 .00 .00 9.42 26.86 .00 .00 17.69 .70 .50 2.40 4.99 5.18 3.92 \$ .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,606 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE AS A SERVICE SUMMARY OF SERVICE AS A S	ES AND EXPENDITURES MONE OF CARE TO THE PROPERTY OF SERVICE OR DAYS OF CARE 1,840 \$ 202 142 60 60 60 0 0 60 0 0 60 0 0 1,638 52 58 502 157 364 505 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 NTH-OF-PAYMENT RE Y INDIGENT  EXPENDITURES  310,665.08 264,556.73 170,005.00 94,551.73 24,556.17 .00 .00 24,556.17 69,995.56 .00 .00 46,108.35 1,820.10 1,294.26 6,253.98 13,009.15 13,507.81 10,223.05 .00 .00 .00	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 168.84 1309.69 1197.22 1575.86 409.27 .00 .00 409.27 .00 .00 28.15 35.00 22.31 12.46 82.86 37.11 20.24 \$ .00 .00	.000 2003 THRU D  MO UNITS/DAYS PER ELIG .706 .078 .054 .023 .023 .000 .000 .000 .023 .000 .000	.00 EC 2003  NTHLY AVERA COST PER USER \$ 846.50 8267.40 13077.31 4727.59 1227.81 .00 .00 1227.81 3499.78 .00 .00 134.04 38.73 27.54 44.04 121.58 56.28 67.26 \$ .00 .00 .00	.00 PAGE 9,195 01/29/04  GE COST PER ELIGIBLE \$ 119.21 101.52 65.24 36.28 9.42 .00 .00 9.42 26.86 .00 .00 17.69 .70 .50 2.40 4.99 5.18 3.92 \$ .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,606 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE	ES AND EXPENDITURES MONE OF CARE TO THE PROPERTY OF SERVICE OR DAYS OF CARE 1,840 \$ 202 142 60 60 0 0 0 60 0 0 0 60 0 0 0 0 1,638 52 58 502 157 364 505 0 \$ 0 0 0 779 \$	.00 NTH-OF-PAYMENT RE Y INDIGENT  EXPENDITURES  310,665.08 264,556.73 170,005.00 94,551.73 24,556.17 .00 .00 24,556.17 69,995.56 .00 46,108.35 1,820.10 1,294.26 6,253.98 13,009.15 13,507.81 10,223.05 .00 .00 .88,717.38	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 168.84 1309.69 1197.22 1575.86 409.27 .00 .00 409.27 .00 .00 28.15 35.00 22.31 12.46 82.86 37.11 20.24 \$ .00 .00 \$ .00 \$ .113.89	.000 2003 THRU D  MO UNITS/DAYS PER ELIG .706 .078 .054 .023 .023 .000 .000 .023 .000 .000 .023 .000 .140 .194 .000 .000 .299	.00 EC 2003  NTHLY AVERA COST PER USER \$ 846.50 8267.40 13077.31 4727.59 1227.81 .00 .00 1227.81 3499.78 .00 .00 134.04 38.73 27.54 44.04 121.58 56.28 67.26 \$ .00 .00 \$ 3548.70	.00 PAGE 9,195 01/29/04  GE COST PER ELIGIBLE \$ 119.21 101.52 65.24 36.28 9.42 .00 .00 9.42 26.86 .00 .00 17.69 .70 .50 2.40 4.99 5.18 3.92 \$ .00 .00 \$ 34.04
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,606 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE AS A SERVICE SUMMARY OF SERVICE AS A S	ES AND EXPENDITURES MONE OF CARE TO THE PROPERTY OF SERVICE OR DAYS OF CARE 1,840 \$ 202 142 60 60 60 0 0 60 0 0 60 0 0 1,638 52 58 502 157 364 505 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 NTH-OF-PAYMENT RE Y INDIGENT  EXPENDITURES  310,665.08 264,556.73 170,005.00 94,551.73 24,556.17 .00 .00 24,556.17 69,995.56 .00 .00 46,108.35 1,820.10 1,294.26 6,253.98 13,009.15 13,507.81 10,223.05 .00 .00 .00	.00 EPORT FOR JAN  AVERAGE COST PER UNIT/DAY \$ 168.84 1309.69 1197.22 1575.86 409.27 .00 .00 409.27 .00 .00 28.15 35.00 22.31 12.46 82.86 37.11 20.24 \$ .00 .00	.000 2003 THRU D  MO UNITS/DAYS PER ELIG .706 .078 .054 .023 .023 .000 .000 .000 .023 .000 .000	.00 EC 2003  NTHLY AVERA COST PER USER \$ 846.50 8267.40 13077.31 4727.59 1227.81 .00 .00 1227.81 3499.78 .00 .00 134.04 38.73 27.54 44.04 121.58 56.28 67.26 \$ .00 .00 .00	.00 PAGE 9,195 01/29/04  GE COST PER ELIGIBLE \$ 119.21 101.52 65.24 36.28 9.42 .00 .00 9.42 26.86 .00 .00 17.69 .70 .50 2.40 4.99 5.18 3.92 \$ .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	25	779		88,717.38		113.89	.299		3548.70		34.04
@INTERMEDIATE CARE FACILDD	6	168	\$	24,892.56	\$	148.17	.064	\$	4148.76	\$	9.55
ICF DDH	6	168		24,892.56		148.17	.064		4148.76		9.55
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	4	19	\$	398.83	\$	20.99	.007	\$	99.71	\$	.15
HOSPITAL BASED	2	17		356.45		20.97	.007		178.23		.14
INDEPENDENT FACILITY	2	2		42.38		21.19	.001		21.19		.02
@LABORATORY FACILITY	50	180	\$	2,606.89	\$	14.48	.069	\$	52.14	\$	1.00
PATHOLOGY	50	180		2,606.89		14.48	.069		52.14		1.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	91	216	\$	13,087.92	\$	60.59	.083	\$	143.82	\$	5.02
CLINIC	29	112		1,712.05		15.29	.043		59.04		.66
SURGICENTER	1	10		243.41		24.34	.004		243.41		.09
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	61	94		11,132.46		118.43	.036		182.50		4.27
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONT	H-OF-PAYMENT R	REPORT	FOR JAN	2003 THRU	DEC	2003	P.	AGE 9,196
MOP024	FEE-FOR-SERVICE/DENTAL	_									01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL NEVADA COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

NEVADA COUNTY	SUMMARY OF SERV	VICES FOR ALL M	EDICAL	TTA TUDIGENI				
							NTHLY AVERA	
2,606 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CA			PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	175	23,406	\$	53,294.51	\$ 2.28	8.982	\$ 304.54	\$ 20.45
DURABLE MED. EQUIP.	18	69		8,525.95	123.56	.026	473.66	3.27
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	30	436		13,158.37	30.18	.167	438.61	5.05
AMBULANCES/AIR TRANS	26	337		5,475.58	16.25	.129	210.60	2.10
OTHER TRANS	4	95		482.79	5.08	.036	120.70	.19
OTHER SERVICES	4	4		7,200.00	1800.00	.002	1800.00	2.76
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2		210.00	105.00	.001	105.00	.08
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	18	38		315.60	8.31	.015	17.53	.12
PHYSICAL THERAPIST	3	19		279.25	14.70	.007	93.08	.11
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	13		1,603.42	123.34	.005	267.24	.62
PROSTHETICS	6	13		1,603.42	123.34	.005	267.24	.62
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	9		2,738.38	304.26	.003	684.60	1.05
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	80	6,203		21,584.85	3.48	2.380	269.81	8.28
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	27	16,617		4,878.69	.29	6.376	180.69	1.87
@CALIF. CHILDREN SERVICES*	91	7,863	\$	128,247.62			\$ 1409.31	
@XOVER EXCLUDING STATE HOSP**		19	\$	6,063.88	\$ 319.15	.007	\$ 1010.65	\$ 2.33
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<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ORTHODONTIC SERVICES

ALL OTHER SERVICES

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,197 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

NEVADA COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 0 0 .00 Ś .000 \$ .00 \$ . 00 . 00 Λ Ω Ś .00 \$ .00 .000 \$ .00 \$ .00 @PHYSICIANS SERVICES .00 .00 .000 .00 OUTPATIENT VISITS .00 OFFICE VISITS .00 .00 .000 .00 .00 HOME VISITS .00 .00 .000 .00 .00 .000 EMERGENCY ROOM .00 .00 .00 .00 .00 .000 .00 .00 PREVENTIVE CARE .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 . 00 .000 . 00 . 00 INPATIENT VISITS HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 CRITICAL CARE .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 . 00 EXAMINATIONS .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 .000 .00 INPATIENT HOSPITAL SURGERY .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .00 .000 .00 ANESTHESIOLOGIST .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON .00 . 00 .000 . 00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 DIALYSIS PATHOLOGY . 00 . 00 .000 . 00 . 00 .00 .000 RADIOLOGY .00 .00 .00 **PSYCHIATRY** 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS .00 .00 .000 .00 .00 @PHARMACY 0 .00 \$ .00 .000 .00 \$ .00 0 .00 .000 .00 PRESCRIPTION DRUGS .00 .00 SNF/ICF .00 .00 .000 .00 .00 0 OUTPATIENTS .00 .00 .000 .00 .00 MEDICAL SUPPLIES .00 .00 .000 .00 .00 @DENTIST .00 Ś .00 .000 \$ .00 \$ .00 VISITS - DIAGNOSTIC .00 .00 .000 .00 .00 .00 .00 .000 .00 . 00 ORAL SURGERY .00 .00 .000 . 00 . 00 DRUGS .00 ANESTHESIA .00 .00 .000 .00 .00 .00 .00 .000 .00 PERIODONTICS .00 .000 ENDODONTICS .00 .00 .00 .00 RESTORATIVE DENTISTRY .00 .000 .00 .00 .000 .00 .00 .00 PROSTHETICS .00 DENTURES, STAYPLATES .00 .00 .000 .00 .00 SPACE MAINTAINERS .00 .00 .000 .00 .00 MAXILLOFACIAL SERVICES .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 FRACTURES, DISLOCATIONS

0 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL

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PAGE 9,198 01/29/04

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SUMMARY OF SERVICES FOR RENAL DIALYSIS

NEVADA COUNTY

AID CODES 71

NEVADA COUNTY	SUMMARY OF SERVICES FO	R RENAL DI	ALYSIS		AID CODES			
						MONT		
00 ELIGIBLES		OF SERVICE		EXPENDITURES		UNITS/DAYS (		COST PER
	OR DA	YS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0		\$	.00	\$ .00	.000 \$	.00	
VISITS	0	ñ	~	.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	-	\$	.00	\$ .00	.000 \$	.00	
	0	0	Ų	.00	.00	.000 \$	.00	.00
MEDICINE/INJECTIONS	0	0			.00	.000	.00	
SURGERY/ANES.	0	0		.00				.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0	4	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	U	0	\$	.00	\$ .00	.000 \$		\$ .00
NURSE ANESTHESIST	0	0	Ş	.00	\$ .00	.000 \$		\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000 \$		\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000 \$		\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000 \$		\$ .00
@TOTAL HOSPITAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	ñ		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	Ô		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
	0	0		.00				.00
MEDICAL	0	0			.00	.000	.00	
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000 \$	.00	•
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0						
	0	0		.00	.00	.000	.00	.00
RADIOLOGY	Ü	Û		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	U	0	a wa	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTE	H-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DEC	2003	PAGE 9,199
MOP024	FEE-FOR-SERVICE/DENTAL				AID CODEC	<b>5</b> 1		01/29/04
NIBOLO ALLA CACALINITA	- CIINANA A D V (16) CICIDI/I (700 C)	דת ואואיוט טו	A 1 V C 1 C		א בווא לילאדות	/ 1		

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0									
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	Ô	0	~	.00	~	.00	.000	٧	.00	Ψ	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-SUBACUTE FREESTANDING	i U	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
	0	0	\$	.00	ė.	.00	.000	۲,	.00	ė.	
@HEMODIALYSIS TOTAL	0		Ą		\$			\$		\$	.00
HOSPITAL BASED	U	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0	•	.00		.00	.000		.00		.00
	0	0	·	.00					.00		
SURGICENTER	0 0 0	0 0 0	•	.00		.00	.000		.00		.00
SURGICENTER HEROIN DETOX CLINIC	0 0 0	0		.00 .00 .00		.00	.000		.00 .00 .00		.00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	0 0 0 0 0 MEDI_CAL_SERVIC	0	·	.00 .00 .00	₽D∩P'	.00 .00 .00	.000 .000 .000	DEC	.00 .00 .00	DΔ	.00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	0 0 CES AND EXPENDITU	·	.00 .00 .00	EPOR'	.00 .00 .00	.000 .000 .000	DEC	.00 .00 .00	PAG	.00 .00 .00 SE 9,200
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	0 0 ES AND EXPENDITU DENTAL	RES M	.00 .00 .00 .00 .00 ONTH-OF-PAYMENT R	EPOR'	.00 .00 .00 I FOR JAN	.000 .000 .000 2003 THRU	DEC	.00 .00 .00	PAG	.00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	0 0 CES AND EXPENDITU	RES M	.00 .00 .00 .00 .00 ONTH-OF-PAYMENT R	EPOR'	.00 .00 .00	.000 .000 .000 2003 THRU		.00 .00 .00 .00		.00 .00 .00 SE 9,200
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	0 0 0 ES AND EXPENDITU C/DENTAL VICES FOR RENAL	RES M	.00 .00 .00 .00 .00 ONTH-OF-PAYMENT R		.00 .00 .00 I FOR JAN	.000 .000 .000 2003 THRU 71	IONT	.00 .00 .00 .00 2 2003	GE -	.00 .00 .00 SE 9,200 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	0 0 0 ES AND EXPENDITU C/DENTAL VICES FOR RENAL UNITS OF SERVIC	RES M DIALY	.00 .00 .00 .00 .00 ONTH-OF-PAYMENT R	AV.	.00 .00 .00 I FOR JAN : AID CODES ERAGE COST	.000 .000 .000 2003 THRU 71 M UNITS/DAY	IONT	.00 .00 .00 .00 2 2003 CHLY AVERA	GE -	.00 .00 .00 SE 9,200 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  00 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 0 0 CES AND EXPENDITU C/DENTAL VICES FOR RENAL UNITS OF SERVIC OR DAYS OF CAR	RES M DIALY E E	.00 .00 .00 .00 IONTH-OF-PAYMENT R	AV:	.00 .00 .00 I FOR JAN : AID CODES ERAGE COST R UNIT/DAY	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG	IONT S	.00 .00 .00 .00 2 2003 CHLY AVERAC COST PER USER	GE CO E1	.00 .00 .00 GE 9,200 01/29/04  DST PER LIGIBLE
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 0 0 CES AND EXPENDITU C/DENTAL VICES FOR RENAL UNITS OF SERVIC OR DAYS OF CAR 0	RES M DIALY	.00 .00 .00 .00 IONTH-OF-PAYMENT R SIS EXPENDITURES .00	AV.	.00 .00 .00 I FOR JAN: AID CODES ERAGE COST R UNIT/DAY .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000	IONT S	.00 .00 .00 .00 2 2003 CHLY AVERAC COST PER USER .00	GE -	.00 .00 .00 GE 9,200 01/29/04 OST PER LIGIBLE .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 0 0 CES AND EXPENDITU C/DENTAL VICES FOR RENAL UNITS OF SERVIC OR DAYS OF CAR	RES M DIALY E E	.00 .00 .00 .00 OONTH-OF-PAYMENT R TSIS EXPENDITURES .00 .00	AV:	.00 .00 .00 I FOR JAN : AID CODES ERAGE COST R UNIT/DAY .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIC .000 .000	IONT S	.00 .00 .00 .00 2 2003 THLY AVERAC COST PER USER .00 .00	GE CO E1	.00 .00 .00 .00 01/29/04  OST PER LIGIBLE .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 0 0 CES AND EXPENDITU C/DENTAL VICES FOR RENAL UNITS OF SERVIC OR DAYS OF CAR 0	RES M DIALY E E	.00 .00 .00 .00 .00 IONTH-OF-PAYMENT R TSIS EXPENDITURES .00 .00	AV:	.00 .00 .00 I FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000	IONT S	.00 .00 .00 .00 2 2003 THLY AVERAGE COST PER USER .00 .00	GE CO E1	.00 .00 .00 .00 .01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 0 0 CES AND EXPENDITU C/DENTAL VICES FOR RENAL UNITS OF SERVIC OR DAYS OF CAR 0	RES M DIALY E E	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AV:	.00 .00 .00 I FOR JAN : AID CODES ERAGE COST R UNIT/DAY .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000	IONT S	.00 .00 .00 .00 2003 CHLY AVERAC COST PER USER .00 .00	GE CO E1	.00 .00 .00 .00 01/29/04  OST PER LIGIBLE .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 0 0 CES AND EXPENDITU C/DENTAL VICES FOR RENAL UNITS OF SERVIC OR DAYS OF CAR 0	RES M DIALY E E	.00 .00 .00 .00 .00 IONTH-OF-PAYMENT R SSIS EXPENDITURES .00 .00 .00	AV:	.00 .00 .00 I FOR JAN : AID CODES ERAGE COST R UNIT/DAY .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000	IONT S	.00 .00 .00 .00 .2003 CHLY AVERAC COST PER USER .00 .00 .00	GE CO E1	.00 .00 .00 .00 .00 .01/29/04  DST PER LIGIBLE .00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 0 0 CES AND EXPENDITU C/DENTAL VICES FOR RENAL UNITS OF SERVIC OR DAYS OF CAR 0	RES M DIALY E E	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AV:	.00 .00 .00 I FOR JAN : AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000	IONT S	.00 .00 .00 .00 2 2003 CHLY AVERAL COST PER USER .00 .00 .00	GE CO E1	.00 .00 .00 .00 01/29/04  OST PER LIGIBLE .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 0 0 CES AND EXPENDITU C/DENTAL VICES FOR RENAL UNITS OF SERVIC OR DAYS OF CAR 0	RES M DIALY E E	.00 .00 .00 .00 .00 IONTH-OF-PAYMENT R SSIS EXPENDITURES .00 .00 .00	AV:	.00 .00 .00 I FOR JAN : AID CODES ERAGE COST R UNIT/DAY .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000	IONT S	.00 .00 .00 .00 .2003 CHLY AVERAC COST PER USER .00 .00 .00	GE CO E1	.00 .00 .00 .00 .00 .01/29/04  DST PER LIGIBLE .00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 0 0 CES AND EXPENDITU C/DENTAL VICES FOR RENAL UNITS OF SERVIC OR DAYS OF CAR 0	RES M DIALY E E	.00 .00 .00 .00 IONTH-OF-PAYMENT R SSIS EXPENDITURES .00 .00 .00	AV:	.00 .00 .00 I FOR JAN : AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000	IONT S	.00 .00 .00 .00 2 2003 CHLY AVERAL COST PER USER .00 .00 .00	GE CO E1	.00 .00 .00 .00 .00 .01/29/04 .05T PER LIGIBLE .00 .00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 0 0 CES AND EXPENDITU C/DENTAL VICES FOR RENAL UNITS OF SERVIC OR DAYS OF CAR 0	RES M DIALY E E	.00 .00 .00 .00 .00 IONTH-OF-PAYMENT R SSIS EXPENDITURES .00 .00 .00 .00 .00	AV:	.00 .00 .00 I FOR JAN: AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00	.000 .000 .000 2003 THRU 71 	IONT S	.00 .00 .00 .00 2 2003 CHLY AVERAC COST PER USER .00 .00 .00	GE CO E1	.00 .00 .00 .00 .00 .01/29/04 .05T PER LIGIBLE .00 .00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 0 0 CES AND EXPENDITU C/DENTAL VICES FOR RENAL UNITS OF SERVIC OR DAYS OF CAR 0	RES M DIALY E E	.00 .00 .00 .00 .00 IONTH-OF-PAYMENT R TSIS EXPENDITURES .00 .00 .00 .00 .00 .00	AV:	.00 .00 .00 T FOR JAN: AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU 71 	IONT S	.00 .00 .00 .00 .00 .2 2003 THLY AVERAC COST PER USER .00 .00 .00 .00 .00	GE CO E1	.00 .00 .00 .00 .00 .01/29/04  DST PER LIGIBLE .00 .00 .00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 CES AND EXPENDITU (/DENTAL) (ICES FOR RENAL  UNITS OF SERVIC OR DAYS OF CAR 0 0 0 0 0 0 0 0 0 0 0 0 0 0	RES M DIALY E E	.00 .00 .00 .00 .00 MONTH-OF-PAYMENT R TSIS EXPENDITURES .00 .00 .00 .00 .00 .00	AV:	.00 .00 .00 T FOR JAN : AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU 71 	IONT S	.00 .00 .00 .00 .00 2 2003 CHLY AVERAC COST PER USER .00 .00 .00 .00 .00	GE CO E1	.00 .00 .00 .00 .00 .01/29/04  DST PER .IGIBLE .00 .00 .00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	RES M DIALY E E	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AV:	.00 .00 .00 T FOR JAN : AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S	.00 .00 .00 .00 .00 2 2003 THLY AVERAC COST PER USER .00 .00 .00 .00 .00 .00	GE CO E1	.00 .00 .00 .00 .00 .01/29/04 .02 .03 .03 .00 .00 .00 .00 .00 .00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY   00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	RES M DIALY E E	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AV:	.00 .00 .00 I FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S	.00 .00 .00 .00 .2003 THLY AVERAC COST PER USER .00 .00 .00 .00 .00 .00 .00	GE CO E1	.00 .00 .00 .00 .00 .01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY   00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	RES M DIALY E E	.00 .00 .00 .00 .00 IONTH-OF-PAYMENT R SSIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AV:	.00 .00 .00 I FOR JAN AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE CO E1	.00 .00 .00 .00 .00 .01/29/04  DST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	RES M DIALY E E	.00 .00 .00 .00 .00 IONTH-OF-PAYMENT R SSIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AV:	.00 .00 .00 T FOR JAN : AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE CO E1	.00 .00 .00 .00 .00 .01/29/04  DST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY   00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	RES M DIALY E E	.00 .00 .00 .00 .00 MONTH-OF-PAYMENT R SSIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AV:	.00 .00 .00 T FOR JAN : AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2003 THRU 71 	IONT S	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE CO E1	.00 .00 .00 .00 .00 .01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY   00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	RES M DIALY E E	.00 .00 .00 .00 .00 .00 MONTH-OF-PAYMENT R SSIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AV:	.00 .00 .00 I FOR JAN: AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 2003 THRU 71 	IONT S	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE CO E1	.00 .00 .00 .00 .00 .01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY   00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	RES M DIALY E E	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AV:	.00 .00 .00 .00 I FOR JAN : AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 2003 THRU 71 	IONT S	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE CO E1	.00 .00 .00 .00 .00 .01/29/04  OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY   00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	RES M DIALY E E	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AV:	.00 .00 .00 .00 I FOR JAN : AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 2003 THRU 71 	IONT S	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE CO E1	.00 .00 .00 .00 .00 .01/29/04  DST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY   00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	RES M DIALY E E	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AV:	.00 .00 .00 .00 T FOR JAN : AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 2003 THRU 71 	IONT S	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE CO E1	.00 .00 .00 .00 .00 .01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY   00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	RES M DIALY E E	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AV:	.00 .00 .00 .00 I FOR JAN : AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE CO E1	.00 .00 .00 .00 .00 .01/29/04  DST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY   00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	RES M DIALY E E	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AV:	.00 .00 .00 .00 T FOR JAN : AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 2003 THRU 71 	IONT S	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE CO E1	.00 .00 .00 .00 .00 .01/29/04 

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000 \$	.00 \$	.00
* TOTAL THE THECE LINES ADD CIVEN A	. משעמעממט ע ט		TUDM ONT W.					

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,201 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

NEVADA COUNTY	SUMMARY OF SERV		ΤΟΤΔΙ. Ε	AREM	TERAI. NIITRITION	AID CODES	3 73		01/25/01
NEVADA COUNTI	BOMMART OF BERV	ICES FOR	TOTAL F	MICLIN.	IERAD NOIRIIION	AID CODEL		THLY AVERAG	F
00 ELIGIBLES	USERS	UNITS OF	SEBVICE	,	EXPENDITURES	AMERAGE COST	UNITS/DAYS		COST PER
00 EDIGIBLES	OBERD	OR DAYS			EXFENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	OR DAIS	0 CARE	\$	.00	\$ .00	.000 \$		\$ .00
@PHYSICIANS SERVICES	0		0	\$ \$	.00	\$ .00	.000 \$		\$ .00
OUTPATIENT VISITS	0		0	Ą	.00	.00	.000 \$	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	
	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0						.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
DIALYSIS	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
PSYCHIATRY	0		0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00	.00	.000	.00	.00
@PHARMACY	0		0	\$	.00	\$ .00	.000 \$	.00	\$ .00
PRESCRIPTION DRUGS	0		0	·	.00	.00	.000	.00	.00
SNF/ICF	0		0		.00	.00	.000	.00	.00
OUTPATIENTS	0		0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00	.00
@DENTIST	0		0	\$	.00	\$ .00	.000 \$		\$ .00
VISITS - DIAGNOSTIC	0		Ô	Υ	.00	.00	.000	.00	.00
ORAL SURGERY	0		Õ		.00	.00	.000	.00	.00
DRUGS	0		Õ		.00	.00	.000	.00	.00
ANESTHESIA	0		ñ		.00	.00	.000	.00	.00
PERIODONTICS	0		0		.00	.00	.000	.00	.00
ENDODONTICS	0		0		.00	.00	.000	.00	.00
HIVE OPOINT I CO	9		J		.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	O EXPENDITURES MO	NTH-OF-PAYMENT F	REPORT FOR JAN	2003 THRU D	EC 2003	PAGE 9	9,202
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/2	29/04
NEVADA COUNTY	SUMMARY OF SERVICES I	FOR TOTAL PARENT	TERAL NUTRITION	AID CODES	73			
					MOI	NTHLY AVERAG	GE	
00 ELIGIBLES	USERS UNITS	S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST E	?ER
	OR I	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIE	3LE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000	<b>\$</b> .00	\$ .	. 00

NEVADA COUNTI	SUMMARI OF SER	VICES FOR	IOIAL P	AKENIE	RAL NUIRIIION	F	AID CODES					
00 51 53 57	********		G=D111 G=					M				
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAY				COST PER
CODMONTED TOM	0	OR DAYS	OF CARE		0.0			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	U		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000	4.	.00	4.	.00
@CHIROPRACTOR	0		0	\$		\$	.00	.000	Ş	.00	Ş	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$		\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$		\$	.00	.000	\$	.00		.00
NURSE ANESTHESIST	0		0	\$ \$ \$ \$ \$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$		\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0			\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0		0	•	.00	•	.00	.000	•	.00	•	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		Ô		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		Ô		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		Ô		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	Õ		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	Õ		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00			.00		.00
CROSSOVERS/ALL OTH OUTPTNT	. 0		0	Ċ		d		.000	4		۲,	
@COUNTY HOSPITAL TOTAL	U		U	\$		\$	.00	.000	Þ	.00	Þ	.00
CO HOSPITAL INPATIENT TOTAL	ı U		U		.00		.00	.000		.00		.00
HSC HOSPITALS	U		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		U		.00		.00	.000		.00		.00
ACCOMMODATIONS	Ü		U		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		Ü		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	Û	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
		CES AND EXPENDITURES MON					PAGE 9,203
•	FEE-FOR-SERVIC		NIH-OF-PAIMENT RE	PORT FOR UAIN 2	UUS IRKU DEC	2003	01/29/04
			TO A LIMB THE ON	ATD GODEG	7.2		01/29/04
NEVADA COUNTY	SUMMARY OF SER	VICES FOR TOTAL PARENTI	ERAL NUIRIIION	AID CODES		II	F
00 51 13151 53					MONTE		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	_	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	Ô	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	ñ	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
	0	0					.00
ALL OTHER INPATIENT	0	U	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$		\$ .00
MENTALLY ILL	0	n v	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$		\$ .00
LEV A-INTERMEDIATE	0	0 \$	.00	.00	.000 \$	.00	.00
	0	0	.00		.000	.00	
LEV B-REHAB MD	0	0		.00			.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	U	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	Ü	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
DINTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$		\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .00	.000 \$		\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000 \$		\$ .00
HOSPITAL BASED	0	0 \$	.00	.00	.000 \$	.00	.00
	0	0					
INDEPENDENT FACILITY	Ü	-	.00	.00	.000	.00	.00
DARWOLOGY FACILITY	Û	0 \$	.00	\$ .00	.000 \$		\$ .00
PATHOLOGY	0	Ü	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
	•	<b>~</b>					

NEVADA COUNTY	SUMMARY OF SERV	ICES FOR	IOIAL P	AKENI	ERAL NUIRTIION	AID CODES	13			
							MC	ONTHLY AVERA	AGE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$	.00	\$ .00	.000	\$ .00	\$	.00
DURABLE MED. EQUIP.	0		0		.00	.00	.000	.00		.00
BLOOD BANK	0		0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0		0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0		0		.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0		0		.00	.00	.000	.00		.00
OTHER TRANS	0		0		.00	.00	.000	.00		.00
OTHER SERVICES	0		0		.00	.00	.000	.00		.00
ACUPUNCTURE	0		0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0		0		.00	.00	.000	.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,205 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

NEVADA COUNTI	SUMMARI OF SERV	TCES FOR IRCA ALIENS	S AID	CODES 31 32 30	37		
					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES MONT	H-OF-PAYMENT REPORT	FOR JAN 2	003 THRU DEC	2003	PAGE 9,206
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR	IRCA ALIENS	AID CODES	51 52 56	57		
					MONTH	LY AVERAGE	C

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 \$ .00 .000 \$ .00 \$ .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .000 0 .00 .00 .00 .00 EYE APPLIANCES 0 OTHER OPTOMETRIC SERVICES 0 .00 .00 .00 .000 .00 @CHIROPRACTOR .00 \$ .00 .000 .00 \$ .00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST 0 .00 \$ .00 .000 .00 .00 .00 .00 .000 .00 MEDICINE/INJECTIONS .00 .00 .00 .000 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER .00 .00 .000 .00 .00 .00 .00 .000 .00 @HOME HEALTH AGENCY .00 NURSE ANESTHESIST .00 .00 .000 .00 \$ .00 \$ NURSE MIDWIFE 0 .00 \$ .00 .000 .00 \$ .00 \$ PEDIATRIC NURSE PRACTITIONER \$ .00 .00 .000 .00 \$ .00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 \$ .00 @TOTAL HOSPITAL .00 .00 .000 .00 .00 .000 HOSP INPATIENT TOTAL .00 .00 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 .000 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM .000 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .000 ALL OTHER INPATIENT .00 .00 .00 .00 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 .00 .00 .000 .00 PATHOLOGY .00 RADIOLOGY 0 .00 .00 .000 .00 .00 0 ROOM USE .00 .00 .000 .00 .00 .00 .00 0 .00 .000 .00 CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL .00 \$ .00 .000 \$ .00 \$ .00

CO HOSPITAL INPATIENT TOTAL	Λ	Ω	.00	.00	.000	.00	.00
	0	0					
HSC HOSPITALS	U	U	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES M	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2003 THRU DEC	2003	PAGE 9,207
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COINTV	CIMMARY OF SERVICES FOR	TRCA ATTEMS	AID CODES	51 52 56	57		

NEVADA COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

NEVADA COUNTY	SUMMARY OF SERV	ICES FOR IRCA ALIENS	S ALD	CODES 51 52 56	5 /		
					MON	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$		\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000 \$		\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES MON	ITH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 9,208
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR	R IRCA ALIENS	AID (	CODES 51 52 56	57		
					MON	THLY AVERAG	
00 ELIGIBLES		F SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	OR DAY	S OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$		\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00

MEDICAL TRANSPORTATION	U	U	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$		.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,209
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

NEVIDII COCNII	DOINIME OF DEEL	VICED IOIC III/I		· ************************************	CODE	33 30 31				
							MO	NTHLY AVER	AGE	
263 ELIGIBLES	USERS	UNITS OF SERV	VICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF (	CARE		PER	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	102	600	0 \$	47,905.08	\$	79.84	2.281	\$ 469.66	\$	182.15
@PHYSICIANS SERVICES	46	122	2 \$	7,609.81	\$	62.38	.464	\$ 165.43	\$	28.93
OUTPATIENT VISITS	22	3.3	1	1,670.53		53.89	.118	75.93		6.35
OFFICE VISITS	10	13	1	355.27		32.30	.042	35.53		1.35
HOME VISITS	0	(	0	.00		.00	.000	.00		.00
EMERGENCY ROOM	9	10	0	573.93		57.39	.038	63.77		2.18

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	8	681.33	85.17	.030	170.33	2.59
OTHER OUTPATIENT	1	2	60.00	30.00	.008	60.00	.23
INPATIENT VISITS	7	14	677.66	48.40	.053	96.81	2.58
HOSPITAL VISITS	7	14	677.66	48.40	.053	96.81	2.58
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	37.15	37.15	.004	37.15	.14
EXAMINATIONS	1	1	37.15	37.15	.004	37.15	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	28	3,955.24	141.26	.106	659.21	15.04
PRINCIPAL SURGEON	5	5	3,588.11	717.62	.019	717.62	13.64
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	23	367.13	15.96	.087	367.13	1.40
OUTPATIENT SURGERY	1	3	102.86	34.29	.011	102.86	.39
PRINCIPAL SURGEON	1	3	102.86	34.29	.011	102.86	.39

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	7	13		236.78		18.21	.049		33.83		.90
RADIOLOGY	15	25		591.87		23.67	.095		39.46		2.25
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	2		71.52		35.76	.008		35.76		.27
OTHER SERVICES/ALL X-OVERS	4	5		266.20		53.24	.019		66.55		1.01
@PHARMACY	28	80	\$	8,018.73	\$	100.23	.304	\$	286.38	\$	30.49
PRESCRIPTION DRUGS	28	80		8,018.73		100.23	.304		286.38		30.49
SNF/ICF	2	35		3,505.08		100.15	.133		1752.54		13.33
OUTPATIENTS	26	45		4,513.65		100.30	.171		173.60		17.16
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	3	10	\$	10.00	\$	1.00	.038	\$	3.33	\$	.04
VISITS - DIAGNOSTIC	3	10		10.00		1.00	.038		3.33		.04
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITU	JRES	MONTH-OF-PAYMENT	REPOR	RT FOR JAN 2	003 THRU 1	DEC	2003	PAG	
MOP024	FEE-FOR-SERVICE/DENTAL									(	01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR	R MI/MN	ALIE	N WITHOUT SIS AID	CODE	: 55 58 5F					

							M				
263 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	ΑV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	3		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	3	4	\$	209.98	\$	52.50	.015	\$	69.99	\$	.80
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	53	367	\$	31,530.46	\$	85.91	1.395	\$	594.91	\$	119.89
HOSP INPATIENT TOTAL	7	18		23,763.93		1320.22	.068		3394.85		90.36
HSC HOSPITALS	2	4		4,620.00		1155.00	.015		2310.00		17.57
NON-HSC HOSPITAL TOTAL	5	14		19,143.93		1367.42	.053		3828.79		72.79
ACCOMMODATIONS	5	14		5,579.36		398.53	.053		1115.87		21.21
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	14		5,579.36		398.53	.053		1115.87		21.21
ANCILLARIES	5	0		13,564.57		.00	.000		2712.91		51.58

INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	50	349		7,766.53	2	2.25	1.327		155.33		29.53
MEDICAL	5	7		169.02	2	4.15	.027		33.80		.64
SURGERY	1	1		13.92	1	3.92	.004		13.92		.05
PATHOLOGY	30	150		1,727.13	1	1.51	.570		57.57		6.57
RADIOLOGY	8	15		1,024.01	6	8.27	.057		128.00		3.89
ROOM USE	27	45		1,475.63	3	2.79	.171		54.65		5.61
CROSSOVERS/ALL OTH OUTPINT	27	131		3,356.82	2	5.62	.498		124.33		12.76
@COUNTY HOSPITAL TOTAL	1	1	\$	109.31	\$ 10	9.31	.004	\$	109.31	\$	.42
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	1		109.31	10	9.31	.004		109.31		.42
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		109.31		9.31	.004		109.31		.42
	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH-OF-	PAYMENT RE	EPORT FO	R JAN	2003 THRU	DEC	2003	PAGE	- /
	FEE-FOR-SERVICE/DENTAL									0	1/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR	MI/MN A	LIEN WITHOUT	SIS AID (	CODE 55	58 5F					

NEVADA COUNTI	SUMMAKI OF SEKY	VICES FOR I	II / IIII AI	1 T 17 I	WIIIOOI SIS AID (	20DE 22 26 2E					
							MONTHLY AVERAGE				
263 ELIGIBLES	USERS	UNITS OF S			EXPENDITURES	AVERAGE COST	,	COST PER	COST PER		
		OR DAYS C	OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	52		366	\$	31,421.15	\$ 85.85	1.392	\$ 604.25	\$ 119.47		
COMM HOSP INPATIENT TOTAL	7		18		23,763.93	1320.22	.068	3394.85	90.36		
HSC HOSPITALS	2		4		4,620.00	1155.00	.015	2310.00	17.57		
NON-HSC HOSPITALS TOTAL	5		14		19,143.93	1367.42	.053	3828.79	72.79		
ACCOMMODATIONS	5		14		5,579.36	398.53	.053	1115.87	21.21		
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00	.00		
ALL OTHER ACCOM	5		14		5,579.36	398.53	.053	1115.87	21.21		
ANCILLARIES	5		0		13,564.57	.00	.000	2712.91	51.58		
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00	.00		
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00	.00		
COMM HOSP OUTPATIENT TOTAL	49		348		7,657.22	22.00	1.323	156.27	29.11		
MEDICAL	5		7		169.02	24.15	.027	33.80	.64		
SURGERY	1		1		13.92	13.92	.004	13.92	.05		
PATHOLOGY	30		150		1,727.13	11.51	.570	57.57	6.57		
RADIOLOGY	8		15		1,024.01	68.27	.057	128.00	3.89		
ROOM USE	27		45		1,475.63	32.79	.171	54.65	5.61		
CROSSOVERS/ALL OTH OUTPTNT	26		130		3,247.51	24.98	.494	124.90	12.35		
@STATE HOSPITAL	0		0	\$	.00	\$ .00	.000	\$ .00	\$ .00		
MENTALLY ILL	0		0		.00	.00	.000	.00	.00		
DEVELOP. DISABLED	0		0		.00	.00	.000	.00	.00		
@NURSING FACILITY	0		0	\$	.00	\$ .00	.000	\$ .00	\$ .00		
LEV A-INTERMEDIATE	0		0		.00	.00	.000	.00	.00		
LEV B-REHAB MD	0		0		.00	.00	.000	.00	.00		
LEV B-SUBACUTE FREESTANDING	0		0		.00	.00	.000	.00	.00		
LEV B-SUBACUTE HSPTL BASED	0		0		.00	.00	.000	.00	.00		
LEV B-TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00	.00		

LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	13	\$	193.80	\$	14.91	.049	\$	38.76	\$	.74
PATHOLOGY	5	13		193.80		14.91	.049		38.76		.74
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MO	ONTH-OF-PAYMENT RE	PORT	FOR JAN	2003 THRU I	DEC	2003	PAG	E 9,212
MOP024	FEE-FOR-SERVICE/DENTAL	<u></u>									01/29/04

SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

263 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 4 \$ 332.30 \$ 83.08 .015 \$ 83.08 \$ 1.26 .00 .000 DURABLE MED. EQUIP. 0 0 .00 .00 .00 .00 .00 BLOOD BANK .00 .000 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 .00 AMBULANCES/AIR TRANS .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 .00 .00 OTHER SERVICES .00 .000 .00 .00 ACUPUNCTURE .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 315.00 105.00 .011 105.00 1.20 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .000 .00 .00 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY 1 17.30 17.30 .004 17.30 .07 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 .00 PROSTHETICS .00 .000 .00 .00 ORTHOTICS .00 .00 .00 .000 .00 .00 .000 PSYCHOLOGIST .00 .00 .00 .00 .00 .000 .00 SPEECH AND AUDIOLOGY .00 .00 HOSPICE SERVICES .000 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 LOCAL EDUCATION AGENCIES .00 .000 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE 0 .00 .00 .000 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS 0 .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES\* 296.96 \$ 5.71 .198 \$ 98.99 \$ 1.13

.00

\$

.00

.000 \$

0

NEVADA COUNTY

@XOVER EXCLUDING STATE HOSP\*\*

0

.00

.00 \$

----- MONTHLY AVERAGE -----

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

PER UNIT/DAY PER ELIG USER

ELIGIBLE

NEVADA COUNTY	SUMMARY OF SERV	ICES FOR REFUG	EES	AID	CODES 01 02 08				
							NTHLY AVERA		
00 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COS	ST PER
		OR DAYS OF CA	RE		PER UNIT/DAY	PER ELIG	USER	ELI	GIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
@PHYSICIANS SERVICES	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	•	.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
	0	0		.00			.00		
EMERGENCY ROOM	0	0			.00	.000			.00
PREVENTIVE CARE	U	U		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
	0	0		.00			.00		
INPATIENT HOSPITAL SURGERY	0	0			.00	.000			.00
PRINCIPAL SURGEON		0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0							
IMMUNIZATION AND INJECTION	0	-		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0	\$	.00	\$ .00		\$ .00	Ş	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
VISITS - DIAGNOSTIC	0	0	•	.00	.00	.000	.00	•	.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0							
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	U	U		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	_	URES	MONTH-OF-PAYMENT R				PAGE	9,214
MOP024	FEE-FOR-SERVICE				0111 1 011 0111	_ 100 IIII0 D			1/29/04
NEVADA COUNTY	SUMMARY OF SERV		FFC	ΧTD	CODES 01 02 08	<b>Ω</b> Δ		· ·	1/2//04
MINADA COMIT	POLITIMICI OF PERV	TOTO FOR KEROG	دين	AID	CODED OF OF OO		NTHLY AVERA	그다	
00 ELIGIBLES	USERS	UNITS OF SERVI	~E	EXPENDITURES	AVERAGE COST				T PER
00 ETTGIBTED	OPEKD	OB DAKS OF CA		EVE FUDITOKED	DED INITT/DAV				CTRLE

OR DAYS OF CARE

@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00	j
DIAGNOSTIC AND ANC. PROCED	0	0	•	.00	·	.00	.000	•	.00	.00	j
EYE APPLIANCES	0	0		.00		.00	.000		.00	.00	į
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	.00	į
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00	i
VISITS	0	0		.00		.00	.000		.00	.00	į
OTHER SERVICES	0	0		.00		.00	.000		.00	.00	i
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00	į.
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.00	į.
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00	1
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00	1
OTHER	0	0		.00		.00	.000		.00	.00	į.
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00	į.
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00	1
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00	Į
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00	į.

FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	.00
SURGERY	0	0		.00	.000		
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	U	U	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	MEDI-CAL SERVIC	ES AND EXPENDITURES N					PAGE 9,215
MOP024	FEE-FOR-SERVICE		NOIVIII OI IZIITENII KI	di Olti i Olt Oliv	ZOOS TIMO DE	C 2005	01/29/04
NEVADA COUNTY		VICES FOR REFUGEES	AID C	TODES 01 02 08	0.7\		01/25/04
NEVADA COUNTI	BOMMANT OF BENCY	TCES FOR REFOGEES	AID C	CODED OI OZ OO	MON	יים איידים איידים	2F
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
00 EDIGIBLES	OSEKS		EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	OR DAYS OF CARE	.00	\$ .00	.000 \$		
	U	0 \$ 0		•	•		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

							~ <b>-</b>
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000	-	.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	-	.00	•	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	Ġ	.00	.000	\$	.00	\$	.00
ICF DDH	0	0	т.	.00	-	.00	.000	7	.00	т	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	•	.00	•	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	·	.00	•	.00	.000	•	.00	•	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	JRES 1	MONTH-OF-PAYMENT F	REPOR'	T FOR JAN 2	003 THRU	DEC 2	003	PAGE	9,216
MOP024	FEE-FOR-SERVICE	/DENTAL								0:	1/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR REFUGE	ES	AID	CODE	S 01 02 08	0A				
							M	ONTHL	Y AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	Έ	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S CO	ST PER	COS	T PER
		OR DAYS OF CAR	E		PE:	R UNIT/DAY	PER ELIG	1	USER	ELIC	GIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		0.0		0.0	000		0.0		0.0

						111111 11111111111	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,217 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

NEVADA COUNTY	SUMMARY OF SERV.	ICES FOR	BCC.Lb-F.	EDERAL	A.	ID COD	ES UM UN					
								MO				
98 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST	PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG	USE	R		ELIGIBLE
@TOTAL, ALL PROVIDERS	77		633	\$	46,567.73	\$	73.57	6.459	\$ 604	.78	\$	475.18
@PHYSICIANS SERVICES	48		278	\$	9,560.44	\$	34.39	2.837	\$ 199	.18	\$	97.56
OUTPATIENT VISITS	27		44		1,767.61		40.17	.449	65	.47		18.04
OFFICE VISITS	25		39		1,497.82		38.41	.398		.91		15.28
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	3		5		269.79		53.96	.051	8.0	.93		2.75
PREVENTIVE CARE	0		0		.00		.00	.000	-	.00		.00
OB VISITS/COMPRE PERI	0		Ö		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		Ö		.00		.00	.000		.00		.00
INPATIENT VISITS	0		Ö		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		Ö		.00		.00	.000		.00		.00
CRITICAL CARE	Õ		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	6		18		2,486.35		138.13	.184	11/	.39		25.37
PRINCIPAL SURGERI	2		3		2,460.33		667.39	.031		.39		20.43
			1		134.77		134.77	.010		.77		1.38
ASSISTANT SURGEON ANESTHESIOLOGIST	2		14		349.41		24.96	.143		.71		3.57
OUTPATIENT SURGERY	16		35		2,655.22		75.86	.357		.95		27.09
	14		18				127.15	.184		.48		
PRINCIPAL SURGEON	0		18		2,288.67				103			23.35
ASSISTANT SURGEON	0		17		.00		.00	.000	0.1	.00		.00
ANESTHESIOLOGIST	0				366.55		21.56	.173	91	.64		3.74
DIALYSIS			0		.00		.00	.000	0.0	.00		.00
PATHOLOGY	21		34		603.99		17.76	.347		.76		6.16
RADIOLOGY	13		35		1,510.74		43.16	.357	116	.21		15.42
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	6		6		119.52		19.92	.061		.92		1.22
OTHER SERVICES/ALL X-OVERS	5		106	4.	417.01		3.93	1.082		.40	4.	4.26
@PHARMACY	30		57	\$	12,364.01		216.91	.582		.13	\$	126.16
PRESCRIPTION DRUGS	30		57		12,364.01		216.91	.582	412	.13		126.16
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	30		57		12,364.01		216.91	.582	412	.13		126.16
MEDICAL SUPPLIES	0		0		.00		.00	.000	_	.00		.00
@DENTIST	1		3	\$	75.00	\$	25.00	.031			\$	.77
VISITS - DIAGNOSTIC	1		3		75.00		25.00	.031	75	.00		.77
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00

0 MAXILLOFACIAL SERVICES 0 .00 .00 .000 0 0 .00 .00 FRACTURES, DISLOCATIONS .000 ORTHODONTIC SERVICES 0 0 .00 .00 .000 0

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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PAGE 9,218 01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL

ALL OTHER SERVICES

#CALIF DEPT OF HEALTH SERV

NEVADA COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P MONTHLY AVERAGE

							M	ONT	HLY AVERA	GE	
98 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000		.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1	2	\$	61.50	\$	30.75	.020		61.50	\$	.63
@TOTAL HOSPITAL	31	245	\$	22,010.73	\$	89.84	2.500	\$	710.02	\$	224.60
HOSP INPATIENT TOTAL	1	1		8,850.22		8850.22	.010		8850.22		90.31
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	1		8,850.22		8850.22	.010		8850.22		90.31
ACCOMMODATIONS	1	1		381.64		381.64	.010		381.64		3.89
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		381.64		381.64	.010		381.64		3.89
ANCILLARIES	1	0		8,468.58		.00	.000		8468.58		86.41
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	30	244		13,160.51		53.94	2.490		438.68		134.29
MEDICAL	5	6		106.62		17.77	.061		21.32		1.09
SURGERY	8	8		375.50		46.94	.082		46.94		3.83
PATHOLOGY	18	38		727.51		19.15	.388		40.42		7.42
RADIOLOGY	14	49		4,510.52		92.05	.500		322.18		46.03
ROOM USE	12	25		1,332.33		53.29	.255		111.03		13.60
CROSSOVERS/ALL OTH OUTPTNT	14	118		6,108.03		51.76	1.204		436.29		62.33
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	т.	.00	4	.00	.000	-	.00	-	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
	0	0									
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	U	Ü		.00		.00	.000		.00		.00

RADIOLOGY	0	0		.00		.000	.00	.00	
ROOM USE	Ü	Ü		.00		.000	.00	.00	
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	RES MONT	TH-OF-PAYMENT	REPORT FOR JAN	2003 THRU DE	C 2003	PAGE 9,219	
MOP024	FEE-FOR-SERVICE	/DENTAL						01/29/04	
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR BCCTP-	FEDERAL		AID CODES OM ON	I OP			
						MON	THLY AVERAG	GE	
98 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CAR	Ξ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	31	245	\$	22,010.73	\$ 89.84	2.500 \$	710.02	\$ 224.60	
COMM HOSP INPATIENT TOTAL	1	1		8,850.22	8850.22	.010	8850.22	90.31	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	1	1		8,850.22	8850.22	.010	8850.22	90.31	
ACCOMMODATIONS	1	1		381.64	381.64	.010	381.64	3.89	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	

ALL OTHER ACCOM	1		1		381.64		381.64	.010		381.64		3.89
ANCILLARIES	1		0		8,468.58		.00	.000		8468.58		86.41
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	30	2	44		13,160.51		53.94	2.490		438.68		134.29
MEDICAL	5	_	6		106.62		17.77	.061		21.32		1.09
SURGERY	Q		8		375.50		46.94	.082		46.94		3.83
	18		38		727.51		19.15	.388		40.42		7.42
PATHOLOGY	14		30 49									
RADIOLOGY					4,510.52		92.05	.500		322.18		46.03
ROOM USE	12		25		1,332.33		53.29	.255		111.03		13.60
CROSSOVERS/ALL OTH OUTPTNT	14	1.	18		6,108.03		51.76	1.204		436.29		62.33
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0		0	•	.00		.00	.000	'	.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
	0		0									
LEV B-TRANSITIONAL IP CARE	0		•		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0		0	•	.00		.00	.000	'	.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0		0	٧	.00	٧	.00	.000	٧	.00	٧	.00
	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	,		4		4			4		4	
@LABORATORY FACILITY	8		19	\$	654.46	\$	34.45	.194	Ş	81.81	Ş	6.68
PATHOLOGY	8		19		654.46		34.45	.194		81.81		6.68
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	9		22	\$	1,237.03	\$	56.23	.224	\$	137.45	\$	12.62
CLINIC	4		15		491.16		32.74	.153		122.79		5.01
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5		7		745.87		106.55	.071		149.17		7.61
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPEN	DITURE	ES MONT		EPORT			DEC		PΑ	AGE 9,220
MOP024	FEE-FOR-SERVICE/											01/29/04
NEVADA COUNTY	SUMMARY OF SERVI		СТР-БЕ	EDERAL.	A	TD CO	DES OM ON	ΠP				01/25/01
NEVIDII COONII	BONDARY OF BEICVE	CDD TOR DC	CII II			IID CO.	DED ON ON	M	רדוו	א משווא עדנ	CF _	
98 ELIGIBLES	USERS	UNITS OF SE	DVICE		EXPENDITURES	7/1/2	RAGE COST					COST PER
90 EDIGIBLES	OSEKS	OR DAYS OF			EXPENDITORES					USER		ELIGIBLE
CALL OWNED PROVIDERS	4	OR DAIS OF		Ċ	CO4 FC		UNIT/DAY					
@ALL OTHER PROVIDERS	4		7	\$	604.56	\$	86.37	.071	Ş	151.14	Ş	6.17
DURABLE MED. EQUIP.	0		0		.00		.00	.000		.00		.00
BLOOD BANK	0		0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	1		1		118.20		118.20	.010		118.20		1.21
AMBULANCES/AIR TRANS	1		1		118.20		118.20	.010		118.20		1.21
OTHER TRANS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		Ö		.00		.00	.000		.00		.00
ACUPUNCTURE	0		0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	1		1		105.00		105.00	.010		105.00		1.07
	0		0									
IHMC, MODEL-NF, NF, AIDS, MSSP	· ·		•		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0		0		.00		.00	.000		.00		.00
OPTICIAN	0		0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0		0		.00		.00	.000		.00		.00

PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	5	381.36	76	.27	.051	190.68	3.89
PROSTHETICS	2	5	381.36	76	.27	.051	190.68	3.89
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00		00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00		00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$	.00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$	00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENTS

@DENTIST

MEDICAL SUPPLIES

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,221 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

NEVADA COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV ----- MONTHLY AVERAGE -----36 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 18.41 3.139 \$ 57.79 @TOTAL, ALL PROVIDERS 113 2,080.53 74.30 \$ \$ @PHYSICIANS SERVICES 15 44 1,197.61 \$ 27.22 1.222 \$ 79.84 \$ 33.27 OUTPATIENT VISITS 8 14 341.84 24.42 .389 42.73 9.50 14 341.84 24.42 .389 42.73 OFFICE VISITS 9.50 HOME VISITS .00 .00 .000 .00 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 .00 .000 .00 OTHER OUTPATIENT .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE .000 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 **EXAMINATIONS** .00 .00 .000 .00 .00 .00 .000 .00 SERVICES AND MATERIALS .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST 0 .00 .00 .000 .00 .00 507.90 OUTPATIENT SURGERY 14 36.28 .389 169.30 14.11 1 224.47 224.47 .028 224.47 6.24 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON .00 ANESTHESIOLOGIST 13 283.43 21.80 .361 141.72 7.87 0 .00 .00 .00 DIALYSIS .000 .00 PATHOLOGY 10 188.87 18.89 .278 23.61 5.25 RADIOLOGY 63.09 21.03 .083 31.55 1.75 .00 .00 .00 **PSYCHIATRY** .000 .00 IMMUNIZATION AND INJECTION 1 .00 .00 .00 .00 .028 OTHER SERVICES/ALL X-OVERS 2 95.91 47.96 .056 47.96 2.66 @PHARMACY 13 24 649.26 27.05 .667 49.94 \$ 18.04 13 649.26 27.05 49.94 PRESCRIPTION DRUGS .667 18.04 0 0 .00 .00 .000 .00 .00 SNF/ICF

24

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649.26

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27.05

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.667

.000

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49.94

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18.04

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.00

TITOTHO DIAGNOCHIO	0	0	.00	0.0	.000	.00	0.0
VISITS - DIAGNOSTIC	Ū	Ū		.00			.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES N	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 9,222
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES	FOR BCCTP-STATE	E-ONLY AID CODES	OR OT OU	0V		
					MONT	HLY AVERAG	E

									HLY AVERAG		
36 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	•	.00	•	.00	.000	-	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	Ś		\$	.00
NURSE ANESTHESIST	0	0	Š	.00	Š	.00	.000	Š	.00	S	.00
NURSE MIDWIFE	0	0	Š	.00	Š	.00	.000	Š	.00	S	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00	Š	.00	.000	Š	.00	Š	.00
FAMILY NURSE PRACTITIONER	0	0	Š	.00	Š	.00	.000	Ś	.00	Š	.00
@TOTAL HOSPITAL	7	42	Š	153.54	Š	3.66	1.167	Š		Š	4.27
HOSP INPATIENT TOTAL	Ó	0	٧	.00	Υ	.00	.000	٧	.00	Υ	.00
HSC HOSPITALS	Ô	Ô		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	Ô	Ô		.00		.00	.000		.00		.00
ACCOMMODATIONS	Ô	Ô		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	Õ		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	Õ		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	7	42		153.54		3.66	1.167		21.93		4.27
MEDICAL	0	12 0		.00		.00	.000		.00		.00
SURGERY	2	2		76.60		25.53	.083		25.53		2.13
PATHOLOGY	5	19		76.00		4.05	.528		12.82		2.13
RADIOLOGY	1	3		.00		.00	.083		.00		.00
ROOM USE	7	5 5		.00		.00	.139		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	∠ 2					.00	.333				.00
	3	12	d	.00	d			4	.00	4	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$		\$	.00
CO HOSPITAL INPATIENT TOTAL	U	0		.00		.00	.000		.00		.00
HSC HOSPITALS	U	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	U	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINITORD ARTIST DAVIG	0	0	0.0	0.0	0.00	0.0	0.0
ADMINISTRATIVE DAYS	U	Ü	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MO	ONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 9,223
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES	FOR BCCTP-STATE	-ONLY AID	CODES OR OT OU	0 V		
					MON	THLY AVERAG	E
36 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

							M	ONT	HLY AVERA	GE.	
36 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	42	\$	153.54	\$	3.66	1.167	\$	21.93	\$	4.27
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	7	42		153.54		3.66	1.167		21.93		4.27
MEDICAL	Ô	0		.00		.00	.000		.00		.00
SURGERY	3	3		76.60		25.53	.083		25.53		2.13
PATHOLOGY	6	19		76.94		4.05	.528		12.82		2.14
RADIOLOGY	1	3		.00		.00	.083		.00		.00
ROOM USE	2	5		.00		.00	.139		.00		.00
CROSSOVERS/ALL OTH OUTPINT	3	12		.00		.00	.333		.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ġ	.00	\$	.00
MENTALLY ILL	0	0	Ÿ	.00	Ų	.00	.000	Y	.00	Ÿ	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	Ś	.00	.000	Ġ	.00	\$	.00
LEV A-INTERMEDIATE	0	0	Ÿ	.00	Ų	.00	.000	Y	.00	Ÿ	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-KEHAB MD LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-SOBACOTE HSFIL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	ė,	.00	\$	.00
ICF DDH	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DD ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	ċ.	.00	بخ	.00	.000	۲,	.00	بي	.00
	0	0	\$	.00	Þ	.00	.000	Þ	.00	\$	.00
HOSPITAL BASED	0	0		.00			.000				.00
HEMODIALYSIS CENTER	0	0	4		4	.00		4	.00	۲,	.00
@REHABILITATION FACILITY	0	0	\$	.00	Þ		.000	Þ		\$	
HOSPITAL BASED	0	•		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	Ċ	.00	4	.00	.000	۸,	.00	۲,	.00
@LABORATORY FACILITY	1	<u> </u>	\$	28.00	\$	28.00	.028	Ş		\$	.78 .78
PATHOLOGY	Τ	1		28.00		28.00	.028		28.00		
XO AND OTHERS	0	0		.00		.00	.000		.00		.00

@ORGANIZED OUTPATIENT CLINIC	2		2	\$	52.1	2 \$	26.06	.056	\$	26.06	\$	1.45
CLINIC	2		2		52.1	2	26.06	.056		26.06		1.45
SURGICENTER	0		0		.0	0	.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.0	0	.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.0	0	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXI	PENDITUR:	ES MON'	TH-OF-PAYMENT	REPOR	T FOR JAN	2003 THRU	DEC	2003	PAG	E 9,224
MOP024	FEE-FOR-SERVICE	/DENTAL										01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR	BCCTP-S'	TATE-0	NLY AI	D CODE	S OR OT OU	0 V				
								N	IONT:	HLY AVERA	GE	
36 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURE	s av	ERAGE COST		-	HLY AVERA COST PER	-	ST PER
36 ELIGIBLES	USERS		SERVICE OF CARE		EXPENDITURE		ERAGE COST R UNIT/DAY	UNITS/DAY	.s		CO	ST PER IGIBLE
36 ELIGIBLES @ALL OTHER PROVIDERS	USERS 0			\$	EXPENDITURE	PE		UNITS/DAY	rs B	COST PER	CO	-
	USERS 0 0			\$	_	PE 0 \$	R UNIT/DAY	UNITS/DAY	rs B	COST PER USER	CO EL	IGIBLE
@ALL OTHER PROVIDERS	USERS 0 0 0			\$	.0	PE 0 \$ 0	R UNIT/DAY	UNITS/DAY PER ELIG	rs B	COST PER USER .00	CO EL	IGIBLE .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP.	USERS 0 0 0 0			\$	.0	PE 0 \$ 0 0	R UNIT/DAY .00 .00	UNITS/DAY PER ELIG	rs B	COST PER USER .00	CO EL	IGIBLE .00 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	USERS 0 0 0 0 0 0			\$	.0	PE 0 \$ 0 0	R UNIT/DAY .00 .00 .00	UNITS/DAY PER ELIG	rs B	COST PER USER .00 .00	CO EL	.00 .00 .00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,225 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 NEVADA COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

NEVADA COUNTI	SUMMARI OF SER	VICES FOR BCCIP-IOIAL			MOI	NTHLY AVERAG	그다
134 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
131 1111011110	OBLIG	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	105	746 \$	48,648.26	\$ 65.21	5.567		
@PHYSICIANS SERVICES	63	322 \$	10,758.05	\$ 33.41	2.403	•	•
OUTPATIENT VISITS	35	58	2,109.45	36.37	.433	60.27	15.74
OFFICE VISITS	33	53	1,839.66	34.71	.396	55.75	13.73
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	5	269.79	53.96	.037	89.93	2.01
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	18	2,486.35	138.13	.134	414.39	18.55
PRINCIPAL SURGEON	3	3	2,002.17	667.39	.022	667.39	14.94
ASSISTANT SURGEON	1	1	134.77	134.77	.007	134.77	1.01
ANESTHESIOLOGIST	2	14	349.41	24.96	.104	174.71	2.61
OUTPATIENT SURGERY	19	49	3,163.12	64.55	.366	166.48	23.61
PRINCIPAL SURGEON	15	19	2,513.14	132.27	.142	167.54	18.75
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	30	649.98	21.67	.224	108.33	4.85
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	29	44	792.86	18.02	.328	27.34	5.92

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	15	38		1,573.83		41.42	.284		104.92		11.75
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	7	7		119.52		17.07	.052		17.07		.89
OTHER SERVICES/ALL X-OVERS	7	108		512.92		4.75	.806		73.27		3.83
@PHARMACY	43	81	\$	13,013.27	\$	160.66	.604	\$	302.63	\$	97.11
PRESCRIPTION DRUGS	43	81		13,013.27		160.66	.604		302.63		97.11
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	43	81		13,013.27		160.66	.604		302.63		97.11
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	1	3	\$	75.00	\$	25.00	.022	\$	75.00	\$	.56
VISITS - DIAGNOSTIC	1	3		75.00		25.00	.022		75.00		.56
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURI	ES MONTH-OF	-PAYMENT RI	EPORT	FOR JAN 20	03 THRU	DEC	2003	PAG:	
MOP024	FEE-FOR-SERVICE/DENTAL									1	01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR	BCCTP-T	TAL								

----- MONTHLY AVERAGE -----134 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 @OPTOMETRIST 0 .00 .000 \$ .00 Ś .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .000 .00 EYE APPLIANCES .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 .00 .000 \$ .00 .00 VISITS .00 .00 .000 .00 .00 .00 .00 OTHER SERVICES .00 .000 .00 @PODIATRIST .00 .00 .000 \$ .00 .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 0 .00 .000 .00 SURGERY/ANES. .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 0 OTHER .00 .00 .000 .00 .00 .000 \$ @HOME HEALTH AGENCY .00 .00 .00 .00 NURSE ANESTHESIST .00 .000 .00 .00 .00 NURSE MIDWIFE .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 2 61.50 30.75 .015 61.50 FAMILY NURSE PRACTITIONER .46 @TOTAL HOSPITAL 287 22,164.27 77.23 2.142 583.27 165.41 8,850.22 8850.22 .007 8850.22 HOSP INPATIENT TOTAL 1 66.05 .000 HSC HOSPITALS 0 .00 .00 .00 .00 NON-HSC HOSPITAL TOTAL 8,850.22 8850.22 .007 8850.22 66.05 ACCOMMODATIONS 381.64 381.64 381.64 2.85 .007 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM 1 381.64 381.64 .007 381.64 2.85 8,468.58 .000 8468.58 ANCILLARIES INPATIENT CROSSOVERS 0 .00 .00 .000 .00 .00 .00 ALL OTHER INPATIENT 0 .00 .000 .00 .00 HOSP OUTPATIENT TOTAL 37 286 13,314.05 46.55 2.134 359.84 99.36 21.32

106.62

17.77

.045

.80

MEDICAL

11	11	452.10	41.10	.082	41.10	3.37
24	57	804.45	14.11	.425	33.52	6.00
15	52	4,510.52	86.74	.388	300.70	33.66
14	30	1,332.33	44.41	.224	95.17	9.94
17	130	6,108.03	46.98	.970	359.30	45.58
0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU D	EC 2003	PAGE 9,227
FEE-FOR-SERVICE/DENTAL						01/29/04
SUMMARY OF SERVICES FOR	BCCTP-TOTA	ΔL				
	15 14 17 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	15 52 14 30 17 130 0 0 \$ 0 0 \$ 0 MEDI-CAL SERVICES AND EXPENDITURES FEE-FOR-SERVICE/DENTAL	24 57 804.45 15 52 4,510.52 14 30 1,332.33 17 130 6,108.03 0 0 \$ .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	24       57       804.45       14.11         15       52       4,510.52       86.74         14       30       1,332.33       44.41         17       130       6,108.03       46.98         0       0       \$       .00       \$         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00 <td>  24</td> <td>  24   57   804.45   14.11   .425   33.52    </td>	24	24   57   804.45   14.11   .425   33.52

NEVADA COUNTY	SUMMARY OF SER	VICES FOR BUCIP-IO	JIAL					~-	
404							NTHLY AVERA		
134 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				T PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		GIBLE
@COMMUNITY HOSPITAL TOTAL	38	287	\$	22,164.27	\$ 77.23	2.142		•	65.41
COMM HOSP INPATIENT TOTAL	1	1		8,850.22	8850.22	.007	8850.22		66.05
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	1	1		8,850.22	8850.22	.007	8850.22		66.05
ACCOMMODATIONS	1	1		381.64	381.64	.007	381.64		2.85
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	1		381.64	381.64	.007	381.64		2.85
ANCILLARIES	1	0		8,468.58	.00	.000	8468.58		63.20
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	37	286		13,314.05	46.55	2.134	359.84		99.36
MEDICAL	5	6		106.62	17.77	.045	21.32		.80
SURGERY	11	11		452.10	41.10	.082	41.10		3.37
PATHOLOGY	24	57		804.45	14.11	.425	33.52		6.00
RADIOLOGY	15	52		4,510.52	86.74	.388	300.70		33.66
ROOM USE	14	30		1,332.33	44.41	.224	95.17		9.94
CROSSOVERS/ALL OTH OUTPTNT	17	130		6,108.03	46.98	.970	359.30		45.58
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	•	.00
ICF DD	0	0		.00	.00	.000	.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	9		\$	682.46		34.12	.149	\$	75.83	\$	5.09
PATHOLOGY	9	20		682.46		34.12	.149		75.83		5.09
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	11	= =	\$	1,289.15		53.71	.179	\$	117.20	\$	9.62
CLINIC	6	17		543.28		31.96	.127		90.55		4.05
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5	7		745.87		106.55	.052		149.17		5.57
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURE	S MONT	TH-OF-PAYMENT	REPOR'	r for Jan	2003 THRU	DEC	2003	PP	AGE 9,228
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR	R BCCTP-TO	ΓAL								
							M		ILY AVERA		
134 ELIGIBLES	USERS UNITS (			EXPENDITURES		ERAGE COST	UNITS/DAY		COST PER		COST PER
	OR DAY	S OF CARE				R UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@ALL OTHER PROVIDERS	4	7	\$	604.56	\$	86.37	.052	\$	151.14	\$	4.51
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00

134 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4	7 \$	604.56	\$ 86.37	.052 \$	151.14	\$ 4.51
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	1	118.20	118.20	.007	118.20	.88
AMBULANCES/AIR TRANS	1	1	118.20	118.20	.007	118.20	.88
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.007	105.00	.78
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	5	381.36	76.27	.037	190.68	2.85
PROSTHETICS	2	5	381.36	76.27	.037	190.68	2.85
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,229
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

NEVADA COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

----- MONTHLY AVERAGE -----
168 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

@TOTAL, ALL PROVIDERS	24	68	\$ 2,916.18	\$ 42.89	.405	\$ 121.51	\$ 17.36
@PHYSICIANS SERVICES	8	12	\$ 242.75	\$ 20.23	.071	\$ 30.34	\$ 1.44
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

TAIDAMTINE HOODIMAL GUDGIDA	0	0	0.6	`	0.0	0.00	0.0	0.0
INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON	0	0	.00		.00 .00	.000	.00	.00
	0	0						
ASSISTANT SURGEON	0	0	.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00		.00	.000	.00	.00
OUTPATIENT SURGERY	U	U	.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00		.00	.000	.00	.00
DIALYSIS	0	0	.00		.00	.000	.00	.00
PATHOLOGY	0	0	.00		.00	.000	.00	.00
RADIOLOGY	0	0	.00	)	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	)	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	)	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	8	12	242.75	5	20.23	.071	30.34	1.44
@PHARMACY	2	10	\$ 119.26	5 \$	11.93	.060 \$	59.63	\$ .71
PRESCRIPTION DRUGS	0	0	.00		.00	.000	.00	.00
SNF/ICF	0	0	.00	)	.00	.000	.00	.00
OUTPATIENTS	0	0	.00		.00	.000	.00	.00
MEDICAL SUPPLIES	2	10	119.26		11.93	.060	59.63	.71
@DENTIST	_ 3		\$ .00		.00	.030 \$		\$ .00
VISITS - DIAGNOSTIC	1	2	.00	•	.00	.012	.00	.00
ORAL SURGERY	0	0	.00		.00	.000	.00	.00
DRUGS	Õ	0	.00		.00	.000	.00	.00
ANESTHESIA	Õ	Õ	.00		.00	.000	.00	.00
PERIODONTICS	1	1	.00		.00	.006	.00	.00
ENDODONTICS	0	0	.00		.00	.000	.00	.00
	0	0						
RESTORATIVE DENTISTRY	0	0	.00		.00	.000	.00	.00
PROSTHETICS	0	0	.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	.00		.00	.012	.00	.00
SPACE MAINTAINERS	U	0	.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S MONTH-OF-PAYMENT	REPORT	r for jan 2	2003 THRU DEC	2003	PAGE 9,230
MOP024	FEE-FOR-SERVICE	/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR QMB - ON	LY		AID CODE	80		
						MONT	HLY AVERAC	GE
168 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	S AVI	ERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	) \$	.00	.000 \$	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	)	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	)	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	)	.00	.000	.00	.00
@CHIROPRACTOR		^				000 #	0.0	\$ .00
TITOTEG	0	0	\$ .00	) \$	.00	.000 \$	.00	• • • •
VISITS	0	0	\$ .00 .00		.00	.000 \$	.00	.00
	0 0 0	0 0 0	.00	)	.00	.000	.00	.00
OTHER SERVICES	0 0 0 0	0	.00	)	.00	.000	.00	.00
OTHER SERVICES @PODIATRIST	0 0 0 0	0	.00 .00 \$ .00	) ) ) \$	.00 .00 .00	.000 .000 .000 \$	.00 .00 .00	.00 .00 \$ .00
OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	· ·	0 0 0 0	.00 .00 \$ .00	) ) ) \$ )	.00 .00 .00	.000 .000 .000 \$	.00 .00 .00	.00 .00 \$ .00 .00
OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	0	0 0 0 0 0	.00 .00 \$ .00 .00	) ) ) \$ )	.00 .00 .00 .00	.000 .000 .000 \$ .000	.00 .00 .00 .00	.00 .00 \$ .00 .00
OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	0	0 0 0 0 0	.00 .00 \$ .00 .00	) ) ) \$ )	.00 .00 .00 .00 .00	.000 .000 .000 \$ .000 .000	.00 .00 .00 .00 .00	\$ .00 \$ .00 \$ .00 .00 .00
OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	0 0 0	0 0 0 0 0 0	.00 .00 \$ .00 .00 .00	) ) ) ) ) )	.00 .00 .00 .00 .00	.000 .000 .000 \$ .000 .000 .000	.00 .00 .00 .00 .00	\$ .00 \$ .00 \$ .00 .00 .00 .00
OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	0 0 0 0	0 0 0 0 0 0 0	.00 .00 \$ .00 .00 .00 .00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	.00 .00 .00 .00 .00 .00	.000 .000 .000 \$ .000 .000 .000	.00 .00 .00 .00 .00 .00	\$ .00 \$ .00 .00 .00 .00 .00 .00 \$ .00
OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	0 0 0 0 0	0 0 0 0 0 0 0		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	.00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00	\$ .00 \$ .00 .00 .00 .00 .00 .00 \$ .00 \$ .00
OTHER SERVICES  @PODIATRIST  MEDICINE/INJECTIONS  SURGERY/ANES.  RADIO./PATHOLOGY  OTHER  @HOME HEALTH AGENCY  NURSE ANESTHESIST  NURSE MIDWIFE	0 0 0 0 0	0 0 0 0 0 0 0 0	\$ .00 .00 .00 .00 .00 .00 \$ .00 \$ .00	\$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	.00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00	\$ .00 .00 \$ .00 .00 .00 .00 \$ .00 \$ .00 \$ .00
OTHER SERVICES  @PODIATRIST  MEDICINE/INJECTIONS  SURGERY/ANES.  RADIO./PATHOLOGY  OTHER  @HOME HEALTH AGENCY  NURSE ANESTHESIST  NURSE MIDWIFE  PEDIATRIC NURSE PRACTITIONES	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	\$ .00 .00 .00 .00 .00 .00 \$ .00 \$ .00 \$ .00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	.00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00	\$ .00 \$ .00 .00 .00 .00 .00 .00 \$ .00 \$ .00 \$ .00 \$ .00
OTHER SERVICES  @PODIATRIST  MEDICINE/INJECTIONS  SURGERY/ANES.  RADIO./PATHOLOGY  OTHER  @HOME HEALTH AGENCY  NURSE ANESTHESIST  NURSE MIDWIFE  PEDIATRIC NURSE PRACTITIONER	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	\$ .00 .00 .00 .00 .00 .00 \$ .00 \$ .00 \$ .00 \$ .00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	.00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00	\$ .00 \$ .00 .00 .00 .00 .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00
OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	0 0 0 0 0 0 0 0 0 0 5	0 0 0 0 0 0 0 0 0 0	\$ .00 \$ .00 .00 .00 .00 .00 \$ .00 \$ .	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$ .00 \$ .00 \$ .00 .00 .00 .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00
OTHER SERVICES  @PODIATRIST  MEDICINE/INJECTIONS  SURGERY/ANES.  RADIO./PATHOLOGY  OTHER  @HOME HEALTH AGENCY  NURSE ANESTHESIST  NURSE MIDWIFE  PEDIATRIC NURSE PRACTITIONER	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	\$ .00 .00 .00 .00 .00 .00 \$ .00 \$ .00 \$ .00 \$ .00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	.00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00	\$ .00 \$ .00 .00 .00 .00 .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	Õ	Ö	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	Ü	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	4	1,497.66	374.42	.024	748.83	8.91
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	16	793.05	49.57	.095	198.26	4.72
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	Ô	Ö	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	16	793.05	49.57	.095	198.26	4.72
	9						
@COUNTY HOSPITAL TOTAL	0	· •	.00	\$ .00	.000 \$		\$ .00
CO HOSPITAL INPATIENT TOTAL	U	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.000		
MEDICAL	U	U	.00	.00	.000	.00	.00
SURGERY	U	U	.00	.00	.000	.00	.00
PATHOLOGY	0	()	.00	.00	.000	.00	.00
		· ·					
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0 0					
RADIOLOGY	0 0 0	0 0 0	.00	.00	.000	.00	.00
RADIOLOGY ROOM USE		0 0 0 0 ES AND EXPENDITURES MO	.00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE	ES AND EXPENDITURES MO	.00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MO /DENTAL	.00 .00 .00	.00 .00 .00 .00 PORT FOR JAN 2	.000 .000 .000 2003 THRU DE	.00 .00 .00	.00 .00 .00 PAGE 9,231
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MO	.00 .00 .00	.00 .00 .00	.000 .000 .000 2003 THRU DE	.00 .00 .00 C 2003	.00 .00 .00 PAGE 9,231 01/29/04
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE	ES AND EXPENDITURES MO /DENTAL ICES FOR QMB - ONLY	.00 .00 .00 .00 NTH-OF-PAYMENT RE	.00 .00 .00 PORT FOR JAN 2	.000 .000 .000 2003 THRU DE	.00 .00 .00 C 2003	.00 .00 .00 PAGE 9,231 01/29/04
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MO /DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE	.00 .00 .00	.00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST	.000 .000 .000 2003 THRU DE 80 MON UNITS/DAYS	.00 .00 .00 C 2003 THLY AVERA COST PER	.00 .00 .00 PAGE 9,231 01/29/04 GE
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  168 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE	ES AND EXPENDITURES MO /DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE	.00 .00 .00 NTH-OF-PAYMENT RE	.00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY	.000 .000 .000 2003 THRU DE 80 MON UNITS/DAYS PER ELIG	.00 .00 .00 C 2003 THLY AVERA COST PER USER	.00 .00 .00 PAGE 9,231 01/29/04 GE COST PER ELIGIBLE
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  168 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE	ES AND EXPENDITURES MO /DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 20 \$	.00 .00 .00 NTH-OF-PAYMENT RE EXPENDITURES 2,290.71	.00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 114.54	.000 .000 .000 2003 THRU DE 80 MON UNITS/DAYS PER ELIG .119 \$	.00 .00 .00 C 2003 THLY AVERA COST PER USER 458.14	.00 .00 .00 PAGE 9,231 01/29/04 GE COST PER ELIGIBLE \$ 13.64
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  168 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE	ES AND EXPENDITURES MODENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 20 \$ 4	.00 .00 .00 NTH-OF-PAYMENT RE EXPENDITURES 2,290.71 1,497.66	.00 .00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 114.54 374.42	.000 .000 .000 2003 THRU DE 80 MON UNITS/DAYS PER ELIG .119 \$	.00 .00 .00 C 2003 THLY AVERA COST PER USER 458.14 748.83	.00 .00 .00 PAGE 9,231 01/29/04 GE COST PER ELIGIBLE \$ 13.64 8.91
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  168 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE	ES AND EXPENDITURES MODENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 20 \$ 4 0	.00 .00 .00 NTH-OF-PAYMENT RE EXPENDITURES 2,290.71 1,497.66 .00	.00 .00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 114.54 374.42 .00	.000 .000 .000 2003 THRU DE 80 MON UNITS/DAYS PER ELIG .119 \$ .024 .000	.00 .00 .00 C 2003 THLY AVERA COST PER USER 458.14 748.83 .00	.00 .00 .00 PAGE 9,231 01/29/04 GE COST PER ELIGIBLE \$ 13.64 8.91 .00
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LEV A-INTERMEDIATE	0	0	τ	.00	τ	.00	.000	т	.00	Ψ	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0	•	.00	·	.00	.000	•	.00	·	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITUE	RES MO	NTH-OF-PAYMENT I	REPORT	FOR JAN 200	3 THRU 1	DEC	2003	PAGE	
MOP024	FEE-FOR-SERVICE/DENT									0	1/29/04
NEVADA COUNTY	SUMMARY OF SERVICES	FOR QMB - 0	ONLY			AID CODE 80					
									LY AVERA		
168 ELIGIBLES	USERS UNIT	S OF SERVICE	3	EXPENDITURES	AVE	RAGE COST UN	ITS/DAY:	S C	OST PER	COS	T PER

						MC	ONTHLY AVERA	GE
168 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDI	TURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	6	21 \$	2	63.46	\$ 12.55	.125	\$ 43.91	\$ 1.57
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	6		56.97	9.50	.036	56.97	.34
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	6		56.97	9.50	.036	56.97	.34
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	15	2	06.49	13.77	.089	41.30	1.23
@CALIF. CHILDREN SERVICES*	0	0 \$		.00	\$ .00	.000	\$ .00	\$ .00

@XOVER EXCLUDING STATE HOSP\*\* 21 59 \$ 2,916.18 \$ 49.43 .351 \$ 138.87 \$ 17.36

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,233
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

1.2 (1.2.1 0001.11		1022 1011 1000 1110	01411		00220 /2 /1 011	MC	ONTHLY AVERA	GE	
1,458 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
_,	0.0	OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	473		\$	55,572.96	\$ 23.22	1.641			38.12
@PHYSICIANS SERVICES	234		\$	12,338.28	\$ 28.43	.298		\$	8.46
OUTPATIENT VISITS	208	285	Υ	9,010.81	31.62	.195	43.32	٧	6.18
OFFICE VISITS	150	208		5,938.58	28.55	.143	39.59		4.07
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	69	75		3,010.25	40.14	.051	43.63		2.06
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
	0	0							
OB VISITS/COMPRE PERI				.00	.00	.000	.00		.00
OTHER OUTPATIENT	2	2 6		61.98	30.99	.001	30.99		.04
INPATIENT VISITS	2			539.03	89.84	.004	269.52		. 37
HOSPITAL VISITS	2	4		216.11	54.03	.003	108.06		.15
CRITICAL CARE	1	2		322.92	161.46	.001	322.92		.22
SNF/ICF/TRANS IP CARE	0	0 1		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	1			57.79	57.79	.001	57.79		.04
EXAMINATIONS	1	1		57.79	57.79	.001	57.79		.04
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	1	5		108.02	21.60	.003	108.02		.07
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1	5		108.02	21.60	.003	108.02		.07
OUTPATIENT SURGERY	16	40		1,551.94	38.80	.027	97.00		1.06
PRINCIPAL SURGEON	12	13		920.35	70.80	.009	76.70		.63
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	4	27		631.59	23.39	.019	157.90		.43
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	14	17		132.62	7.80	.012	9.47		.09
RADIOLOGY	22	29		459.84	15.86	.020	20.90		.32
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	4	6		41.47	6.91	.004	10.37		.03
OTHER SERVICES/ALL X-OVERS	15	45		436.76	9.71	.031	29.12		.30
@PHARMACY	198		\$	6,686.96	\$ 23.06	.199		Ġ	4.59
PRESCRIPTION DRUGS	198	289	Ą	6,677.55	23.11	.198	33.73	Ą	4.58
	0	0		•		.000	.00		
SNF/ICF				.00	.00				.00
OUTPATIENTS	198	289		6,677.55	23.11	.198	33.73		4.58
MEDICAL SUPPLIES	1	1	d	9.41	9.41	.001	9.41	4	.01
@DENTIST	37		\$	7,176.20	\$ 33.22	.148		\$	4.92
VISITS - DIAGNOSTIC	30	118		1,846.20	15.65	.081	61.54		1.27
ORAL SURGERY	4	14		560.00	40.00	.010	140.00		.38
DRUGS	5	5		125.00	25.00	.003	25.00		.09
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	5	9		638.00	70.89	.006	127.60		.44
RESTORATIVE DENTISTRY	14	61		3,247.00	53.23	.042	231.93		2.23
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	3	5		760.00	152.00	.003	253.33		.52
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	3	4		.00	.00	.003	.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,234 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 NEVADA COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

NEVIDII COONII	DOTTIME OF BERVICED FOR	1330 110001	11111	CODED 12 11 ON	OI		
					MON	THLY AVERAGI	E
1,458 ELIGIBLES	USERS UNITS OF	F SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS	S OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	6	11 \$	322.95	\$ 29.36	.008 \$	53.83	\$ .22
DIAGNOSTIC AND ANC. PROCED	5	5	237.25	47.45	.003	47.45	.16
EYE APPLIANCES	2	6	85.70	14.28	.004	42.85	.06
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	C	)	.00		.00	.000		.00		.00
OTHER	0	C	)	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	C		.00	\$	.00	.000		.00	\$	.00
NURSE ANESTHESIST	0	C		.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	C		.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	C		.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	4	4	\$	103.52	\$	25.88	.003	\$	25.88	\$	.07
@TOTAL HOSPITAL	110	286	\$	15,482.40	\$	54.13	.196	\$	140.75	\$ 1	0.62
HOSP INPATIENT TOTAL	4	6	,	8,063.47		1343.91	.004		2015.87		5.53
HSC HOSPITALS	1	2	2	2,558.00		1279.00	.001		2558.00		1.75
NON-HSC HOSPITAL TOTAL	3	4	Ł	5,505.47		1376.37	.003		1835.16		3.78
ACCOMMODATIONS	3	4	Ŀ	1,526.56		381.64	.003		508.85		1.05
ADMINISTRATIVE DAYS	0	C	)	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	C	)	.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	4	Ŀ	1,526.56		381.64	.003		508.85		1.05
ANCILLARIES	3	C	)	3,978.91		.00	.000		1326.30		2.73
INPATIENT CROSSOVERS	0	C	)	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	C	)	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	106	280	)	7,418.93		26.50	.192		69.99		5.09
MEDICAL	35	42	)	1,472.74		35.07	.029		42.08		1.01
SURGERY	10	11	_	238.29		21.66	.008		23.83		.16
PATHOLOGY	23	48	3	525.32		10.94	.033		22.84		.36
RADIOLOGY	13	19	)	728.78		38.36	.013		56.06		.50
ROOM USE	92	107	,	3,746.01		35.01	.073		40.72		2.57
CROSSOVERS/ALL OTH OUTPTNT	31	53	}	707.79		13.35	.036		22.83		.49
@COUNTY HOSPITAL TOTAL	0	C	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	C	) .	.00	•	.00	.000	•	.00	•	.00
HSC HOSPITALS	0	C	)	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	C	)	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	C	)	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	C	)	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	C	)	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	C	)	.00		.00	.000		.00		.00
ANCILLARIES	0	C	)	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	C	)	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	C	)	.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	C	)	.00		.00	.000		.00		.00
MEDICAL	0	C	)	.00		.00	.000		.00		.00
SURGERY	0	C	)	.00		.00	.000		.00		.00
PATHOLOGY	0	C	)	.00		.00	.000		.00		.00
RADIOLOGY	0	C	)	.00		.00	.000		.00		.00
ROOM USE	0	C	)	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	C	)	.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDI	TURES MO	ONTH-OF-PAYMENT R	EPOR:	r for Jan :	2003 THRU	DEC	2003	PAGE	9,235
MOP024	FEE-FOR-SERVICE									01	/29/04
NEVADA COUNTY	SUMMARY OF SERV	VICES FOR 133%	PROGRAM	M AID	CODES	S 72 74 8N	8P				
							M	IONT	HLY AVERA	GE	
1,458 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S (	COST PER	COST	PER
		OR DAYS OF C	ARE		PEI	R UNIT/DAY	PER ELIG	1	USER	ELIG	IBLE
@COMMUNITY HOSPITAL TOTAL	110	286	\$	15,482.40	\$	54.13	.196		140.75	\$ 1	0.62
COMM HOSP INPATIENT TOTAL	4	6		8,063.47		1343.91	.004	•	2015.87		5.53
HSC HOSPITALS	1	2	2	2,558.00		1279.00	.001		2558.00		1.75
NON-HSC HOSPITALS TOTAL	3	4		5,505.47		1376.37	.003		1835.16		3.78
ACCOMMODATIONS	3	4	Ł	1,526.56		381.64	.003		508.85		1.05
ADMINISTRATIVE DAYS	0	C	)	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	C	)	.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	4	Ł	1,526.56		381.64	.003		508.85		1.05
ANCILLARIES	3	C	)	3,978.91		.00	.000		1326.30		2.73
INPATIENT CROSSOVERS	0	Č		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	Č		.00		.00	.000		.00		.00

COMM HOSP OUTPATIENT TOTAL	106	280		7,418.93		26.50	.192		69.99		5.09
MEDICAL	35	42		1,472.74		35.07	.029		42.08		1.01
SURGERY	10	11		238.29		21.66	.008		23.83		.16
PATHOLOGY	23	48		525.32		10.94	.033		22.84		.36
RADIOLOGY	13	19		728.78		38.36	.013		56.06		.50
ROOM USE	92	107		3,746.01		35.01	.073		40.72		2.57
CROSSOVERS/ALL OTH OUTPTNT		53		707.79		13.35	.036		22.83		.49
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$		\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$		\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	30	45	\$	4,929.69	\$	109.55	.031	\$	164.32	\$	3.38
CLINIC	1	1		77.73		77.73	.001		77.73		.05
SURGICENTER	3	18		488.75		27.15	.012		162.92		.34
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	26	26		4,363.21		167.82	.018		167.82		2.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDIT	JRES MO	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	003 THRU	DEC	2003	PA	GE 9,236
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 133% I	PROGRAN	M AID	CODES	3 72 74 8N	8P				
							M	ONT	HLY AVERA	GE -	
1,458 ELIGIBLES	USERS	UNITS OF SERVICE	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (	COST PER	C	OST PER

					MON	THLY AVERAG	3比
1,458 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	29	1,107 \$	8,532.96	\$ 7.71	.759 \$	294.24	\$ 5.85
DURABLE MED. EQUIP.	1	1	18.82	18.82	.001	18.82	.01
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	46	2,794.50	60.75	.032	2794.50	1.92
AMBULANCES/AIR TRANS	1	45	994.50	22.10	.031	994.50	.68
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.001	1800.00	1.23
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	33.28	8.32	.003	16.64	.02
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	80.69	80.69	.001	80.69	.06
PROSTHETICS	1	1	80.69	80.69	.001	80.69	.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	99.99	50.00	.001	99.99	.07
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	26	1,053	5,505.68	5.23	.722	211.76	3.78
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	4	7	\$ 2,695.73	\$ 385.10	.005	\$ 673.93	\$ 1.85
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 9,237 01/29/04

FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY	SUMMARY OF SERV	VICES FOR 100% PROGRAM	AID	CODES 7A 7C 8R	8T		. , . , .
					MONT	HLY AVERAC	GE
1,527 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	542	2,143 \$	84,755.60	\$ 39.55	1.403 \$	156.38	\$ 55.50
@PHYSICIANS SERVICES	198	437 \$	16,281.73	\$ 37.26	.286 \$	82.23	\$ 10.66
OUTPATIENT VISITS	158	198	6,843.60	34.56	.130	43.31	4.48
OFFICE VISITS	116	139	4,448.97	32.01	.091	38.35	2.91
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	43	51	2,090.40	40.99	.033	48.61	1.37
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.001	126.31	.08
OTHER OUTPATIENT	5	7	177.92	25.42	.005	35.58	.12
INPATIENT VISITS	4	7	323.91	46.27	.005	80.98	.21
HOSPITAL VISITS	4	7	323.91	46.27	.005	80.98	.21
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	144.48	48.16	.002	48.16	.09
EXAMINATIONS	3	3	144.48	48.16	.002	48.16	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	26	2,778.04	106.85	.017	694.51	1.82
PRINCIPAL SURGEON	3	3	2,222.12	740.71	.002	740.71	1.46
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	23	555.92	24.17	.015	277.96	.36
OUTPATIENT SURGERY	20	40	2,219.13	55.48	.026	110.96	1.45
PRINCIPAL SURGEON	17	18	1,688.55	93.81	.012	99.33	1.11
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	22	530.58	24.12	.014	106.12	.35
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	16	17	198.02	11.65	.011	12.38	.13
RADIOLOGY	36	67	1,246.41	18.60	.044	34.62	.82
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	11	62.65	5.70	.007	31.33	.04
OTHER SERVICES/ALL X-OVERS	22	68		36.26	.045	112.07	1.61
@PHARMACY	184	324 \$	14,867.05		.212 \$		
PRESCRIPTION DRUGS	184	324	14,867.05	45.89	.212	80.80	9.74
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	184	324	14,867.05	45.89	.212	80.80	9.74
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	71	281 \$		\$ 29.08	.184 \$		
VISITS - DIAGNOSTIC	54	190	3,484.60	18.34	.124	64.53	2.28
ORAL SURGERY	9	18	1,065.00	59.17	.012	118.33	.70
DRUGS	4	4	75.00	18.75	.003	18.75	.05
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	3	3	71.00	23.67	.002	23.67	.05
RESTORATIVE DENTISTRY	26	65	3,476.00	53.48	.043	133.69	2.28
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MONT	TH-OF-PAYMENT REPORT	FOR JAN 200	3 THRU DEC	2003	PAGE 9,238
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES F	OR 100% PROGRAM	AID CODES	7A 7C 8R 87	ľ		
					MONT	HLY AVERAC	E

NEVADA COUNTY	SUMMARY OF SERVICE		100% DRO	CR M	AID	CODES	3 71 7C 8R	8Т				01/25/0.
NEVADA COUNTI	SOMMART OF SERVICE	ED FOR	1000 FIC	JUICAN	AID (	CODEL	J /A /C OK	MC	דעכ	מקקע ע.זעי	GE	
1,527 ELIGIBLES	USERS U	NITS OF	SERVICE		EXPENDITURES	Δ1/7	ERAGE COST	IINTTS / DAYS	7111	COST PER	ОL	COST PER
1,327 HIIGIBIE	(002100		OF CARE		DIII DIVDI I ORLEO		R UNIT/DAY					ELIGIBLE
@OPTOMETRIST	16	011 21112		\$	936.77			.020				
DIAGNOSTIC AND ANC PROCED	15		15	τ	711.75	Υ	47.45	.010			τ.	.47
EYE APPLIANCES	6		16		225.02		14.06	.010		37.50		.15
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	2		3	\$		\$	16.72	.002			Ś	.03
VISITS	2		3	τ	50.16	Υ	16.72	.002	~	25.08	τ.	.03
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	3		3 0 7 5 0	\$	240.40	\$	34.34	.005	\$	80.13	\$	.16
MEDICINE/INJECTIONS	3		5	т	196.38	-7	39.28	.003		65.46	т.	.13
SURGERY/ANES.	0		Ō		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1		1		19.02		19.02	.001		19.02		.01
OTHER	1		1		25.00		25.00	.001		25.00		.02
@HOME HEALTH AGENCY	2		2	\$	104.99	\$	52.50	.001	\$	52.50	\$	.07
NURSE ANESTHESIST	0		1 2 0 0 0 2	\$ \$ \$ \$ \$ \$	.00	\$	.00	.000		.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000		.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00 .00 26.18	.000		.00		.00
FAMILY NURSE PRACTITIONER	2		2	\$	52.36	\$	26.18	.001	\$	26.18	\$	.03
@TOTAL HOSPITAL	90		503	\$				.329	\$	308.01	\$	18.15
HOSP INPATIENT TOTAL	5		14		16,625.92		1187.57	.009		3325.18		10.89
HSC HOSPITALS	3		8		10,722.00		1340.25	.005		3574.00		7.02
NON-HSC HOSPITAL TOTAL	2		6 0 0 6 0		5,903.92		1187.57 1340.25 983.99 380.91	.004		2951.96		3.87
ACCOMMODATIONS	2		6		2,285.48		380.91	.004		1142.74		1.50
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2		6		2,285.48		.00 .00 380.91 .00 .00	.004		1142.74		1.50
ANCILLARIES	2		0		3,618.44		.00	.000		1809.22		2.37
INPATIENT CROSSOVERS	0				.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	87		489		11,094.73		22.69	.320		127.53 46.27		7.27
MEDICAL	17		18		786.52		43.70	.012		46.27		.52
SURGERY	15		18		530.69		29.48	.012		35.38		.35
PATHOLOGY	31		243		2,069.17		8.52	.159		66.75		1.36
RADIOLOGY	23		39		2,061.45		52.86	.026		89.63		1.35
ROOM USE	65		94		3,811.44		40.55	.062		58.64		2.50
CROSSOVERS/ALL OTH OUTPTNT	27		././	4.	1,835.46		23.84	.050		67.98	4.	1.20
@COUNTY HOSPITAL TOTAL	0		0	\$		\$	.00	.000	Ş		\$	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0 0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	U		0		.00		.00	.000		.00		.00
IKANSITIONAL IP CARE	U		0		.00		.00	.000		.00		.00
### 1,527 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE HOSPITALS TOTAL ACCOMMODATIONS ALL OTHER INPATIENT TOTAL HSC HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	0		0		.00		.00	.000		.00		.00
ANCILLARIES	U		U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON'	TH-OF-PAYMENT REPORT	FOR JAN 200	3 THRU DEC	2003	PAGE 9,239
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FO	R 100% PROGRAM	AID CODES	3 7A 7C 8R 85	[		
					MONT	THLY AVERAC	GE
1,527 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES AVE	ERAGE COST UI	NITS/DAYS	COST PER	COST PER
	OR DA	YS OF CARE	PEI	R UNIT/DAY 1	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	90	503 \$	27,720.65 \$	55.11	.329 \$	308.01	\$ 18.15

COMM HOSP INPATIENT TOTAL	5 3 2 2 0 0 2 2 2 0 0 0 87 17	14		16,625.92		1187.57	.009	3325.18		10.89
HSC HOSPITALS	3	8		10,722.00		1340.25	.005	3574.00		7.02
NON HER HORDTENIC TOTAL	2	6		5,903.92		983.99	.004	2951.96		3.87
NON-HSC HOSPITALS TOTAL	2	0								
ACCOMMODATIONS	2	6		2,285.48		380.91	.004	1142.74		1.50
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	Ω	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	6						1142.74		1.50
ALL OTHER ACCOM	2	0		2,285.48		380.91	.004			
ANCILLARIES	2	0		3,618.44		.00	.000	1809.22		2.37
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00 11,094.73 786.52		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	97	489		11 004 72		22.69	.320	127.53		7.27
COMM HOSE COTEATIENT TOTAL	07			11,094.73						
MEDICAL	17 15 31 23	18				43.70	.012	46.27		.52
SURGERY	15	18		530.69		29.48	.012	35.38		.35
PATHOLOGY		243		2,069.17		8.52	.159	66.75		1.36
RADIOLOGY	23	3.9		2,061.45		52.86	.026	89.63		1.35
DOOM HEE	65	0.4								2.50
KOOM ODE	0.5	94		3,811.44		40.55	.062	58.64		
CROSSOVERS/ALL OTH OUTPTNT	27	././		1,835.46		23.84	.050	67.98		1.20
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0	·	.00	•	.00	.000	.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
	0	U							_	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000		Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	243 39 94 77 0 0 0 0 0 0		.00		.00	.000	.00		.00
LEV D SUDACUTE PREESTANDING	0	0								
LEV B-SUBACUTE HSPTL BASED	Ü	Ü		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACIL -DD	0	0	\$	.00	\$	.00	.000		Ś	.00
TOE DDI	0	0	Υ	.00	٧	.00	.000	.00	Ψ.	.00
ICF DDH	0	U								
TCF DD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR  @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY PATHOLOGY XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	Ś	.00
UOCDITAI DACED	0	0	Ψ	.00	т	.00	.000	.00	Ψ.	.00
HOSFITAL BASED	0	0								
HEMODIALYSIS CENTER	Ü	Ü		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000		\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
TNDEDENDENT FACTITTY	n	0		.00		.00	.000	.00		.00
OLYDODY EVOLUTION	1.0	18	\$	374.83	\$	20.82	.012		Ċ.	.25
WLABORATORY FACILITY	10		Ą		Ą				Ą	
PATHOLOGY	10	18		374.83		20.82	.012	37.48		.25
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	67	104	\$	11,680.71	Ġ	112.31	.068	\$ 174.34	Ś	7.65
CLINIC	6	19	•	436.36		22.97	.012	72.73	•	.29
CLID CT CENTEED	2	6					.004	115.61		.15
SURGICENTER	∠ .			231.21		38.54				
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0 60	79		11,013.14		139.41	.052	183.55		7.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES MO		EPORT	FOR JAN 2	2003 THRU D	EC 2003	P	AGE 9,240
MOP024	FEE-FOR-SERVICE									01/29/04
		•		7.10	CODEC	77 70 00	ОШ			01/27/04
NEVADA COUNTY	SUMMARY OF SER	ICES FOR 100% P	ROGRAM	M AID	CODES	7A /C 8R				
								NTHLY AVERA		
1,527 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST PER		COST PER
·		OR DAYS OF CAR	₹.		PER	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	99	431	\$	4,274.35	\$	9.92	.282		\$	2.80
			Ą		Ą				Ą	
DURABLE MED. EQUIP.	1	2		38.26		19.13	.001	38.26		.03
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
	6	120		916 11		·/ 6 3	11/9	h / h 4		nu
MEDICAL TRANSPORTATION	6	120		916.11		7.63	.079	152.69		.60
AMBULANCES/AIR TRANS	6	120		916.11		7.63	.079	152.69		.60
AMBULANCES/AIR TRANS OTHER TRANS	6 0	120 0		916.11 .00		7.63 .00	.079 .000	152.69 .00		.60 .00
AMBULANCES/AIR TRANS	6	120		916.11		7.63	.079	152.69		.60
AMBULANCES/AIR TRANS OTHER TRANS	6 0	120 0		916.11 .00		7.63 .00	.079 .000	152.69 .00		.60 .00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000		0.0	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.001	105.	0.0	.14
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000		0.0	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		0.0	.00
OPTICIAN	10	20	168.88	8.44	.013	16.	39	.11
PHYSICAL THERAPIST	0	0	.00	.00	.000		0.0	.00
PORTABLE X-RAY	0	0	.00	.00	.000		0.0	.00
PROSTHETIST/ORTHOTISTS	2	2	155.32	77.66	.001	77.	56	.10
PROSTHETICS	2	2	155.32	77.66	.001	77.	56	.10
ORTHOTICS	0	0	.00	.00	.000		0.0	.00
PSYCHOLOGIST	0	0	.00	.00	.000		0.0	.00
SPEECH AND AUDIOLOGY	1	2	68.46	34.23	.001	68.	46	.04
HOSPICE SERVICES	0	0	.00	.00	.000		0.0	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		0.0	.00
LOCAL EDUCATION AGENCIES	76	281	2,687.49	9.56	.184	35.	36	1.76
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		0.0	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		0.0	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		0.0	.00
ALL OTHER PROVIDERS	1	2	29.83	14.92	.001	29.	33	.02
@CALIF. CHILDREN SERVICES*	12	320	\$ 14,999.24	\$ 46.87	.210	\$ 1249.	94 \$	9.82
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$.	00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 9,241

01/29/04

NEVADA COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

					MC	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	65	287 \$	13,070.78	\$ 45.54	.000	\$ 201.09	\$ .00
@PHYSICIANS SERVICES	8	11 \$	527.34	\$ 47.94	.000	\$ 65.92	\$ .00
OUTPATIENT VISITS	4	5	401.04	80.21	.000	100.26	.00
OFFICE VISITS	1	1	22.90	22.90	.000	22.90	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	4	378.14	94.54	.000	126.05	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	3	13.11	4.37	.000	4.37	.00
RADIOLOGY	3	3	113.19	37.73	.000	37.73	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00

@PHARMACY	5	7	\$ 150.43	\$ 21.49	.000 \$	30.09	\$ .00
PRESCRIPTION DRUGS	5	7	150.43	21.49	.000	30.09	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	5	7	150.43	21.49	.000	30.09	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE	S MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 9,242
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR	PRESUMPT	IVE ELIGIBILITY-PREG	NANT AID CODES	5 7F 7G		
					MONTH	DAGINA ATTE	п.

----- MONTHLY AVERAGE -----00 ELIGIBLES **USERS** AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG **USER** ELIGIBLE @OPTOMETRIST 0 0 .00 \$ .00 .000 \$ .00 \$ .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .000 .00 .00 @CHIROPRACTOR 0 .00 \$ .00 .000 .00 .00 VISITS 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 OTHER SERVICES @PODIATRIST \$ .00 \$ .00 .000 .00 .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 0 .00 .00 .00 .00 RADIO./PATHOLOGY .000 OTHER .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 0 \$ .00 .00 .000 .00 \$ .00 \$ 0 \$ .00 .000 .00 \$ NURSE ANESTHESIST .00 .00 NURSE MIDWIFE 0 .00 \$ .00 .000 \$ .00 \$ .00 0 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 \$ .00 .000 FAMILY NURSE PRACTITIONER 0 .00 \$ .00 .00 \$ .00 @TOTAL HOSPITAL 228 10,089.85 44.25 .000 325.48 .00 HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL ACCOMMODATIONS .00 .00 .000 .00 .00 0 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 0 .00 .000 TRANSITIONAL IP CARE .00 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .000 ANCILLARIES .00 .00 .00 .00 INPATIENT CROSSOVERS 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 10,089.85 HOSP OUTPATIENT TOTAL 31 228 44.25 .000 325.48 .00 .00 .00 .00 .000 .00 MEDICAL SURGERY 1 1 23.13 23.13 .000 23.13 .00 36.71 65.26 .00 PATHOLOGY 18 32 1,174.67 .000 RADIOLOGY 7 533.97 76.28 .000 76.28 .00 ROOM USE 26 50 1,603.76 32.08 .000 61.68 .00

26	138	6,754.32	48.94	.000	259.78	.00
0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
MEDI-CAL SERVICES AND I	EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DEC	2003	PAGE 9,243
FEE-FOR-SERVICE/DENTAL						01/29/04
SUMMARY OF SERVICES FOR	R PRESUMPTI	VE ELIGIBILITY-PREGNA	ANT AID CODES	7F 7G		
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 \$ 0	0 0 \$ .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	0 0 \$ .00 \$	0	0 0 \$ .00 \$ .00 \$ .00 .00 \$ .00 .00 \$ .00 .00

NEVADA COUNTI	SUMMARI OF SERV	VICES FOR	PKESUMP	TIAF	EDIGIDILIII-PREGI	INWIN I	AID CODES		~ N.T.III	TIT 37 3 3 7 7 7 7 3	αn	
00 81 10101 80	Hanna	IDITED OF	GEDIT GE			7 7 7 7 7 7	7. CD COCE	MO				COCE DED
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAY:	5	COST PER		COST PER
OCOMMINITES HOODIEST HORST	21	OR DAYS			10 000 05		UNIT/DAY	PER ELIG	4	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	31		228	\$	10,089.85	\$	44.25	.000	Ş	325.48	\$	.00
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	31		228		10,089.85		44.25	.000		325.48		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	1		1		23.13		23.13	.000		23.13		.00
PATHOLOGY	18		32		1,174.67		36.71	.000		65.26		.00
RADIOLOGY	7		7		533.97		76.28	.000		76.28		.00
ROOM USE	26		50		1,603.76		32.08	.000		61.68		.00
CROSSOVERS/ALL OTH OUTPTNT	26		138		6,754.32		48.94	.000		259.78		.00
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0		0	•	.00	•	.00	.000	-	.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		Ō	\$	.00	Ś	.00	.000	Ġ	.00	\$	.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	19	27	\$	748.16	\$	27.71	.000	\$	39.38	\$	.00
PATHOLOGY	19	27		748.16		27.71	.000		39.38		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	190.00	\$	190.00	.000	\$	190.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		190.00		190.00	.000		190.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE:	S MONTH-OF	-PAYMENT RE	PORT	FOR JAN	2003 THRU	DEC	2003	PAGE	9,244
MOP024	FEE-FOR-SERVICE/DENTA	L								01	/29/04
NEVADA COUNTY	SUMMARY OF SERVICES F	OR PRESUMPT	IVE ELIGIB	ILITY-PREGN	ANT .	AID CODES	7F 7G				
							N	ITNON	HLY AVERA	GE	

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER

COST PER

UNITS OF SERVICE

00 ELIGIBLES

USERS

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	13	13	\$ 1,365.00	\$ 105.00	.000	\$ 105.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	13	13	1,365.00	105.00	.000	105.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00		\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,245
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

----- MONTHLY AVERAGE -----45 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 8 358.81 \$ 44.85 .178 \$ 179.41 \$ 7.97 @PHYSICIANS SERVICES 0 .00 .00 .000 \$ .00 \$ .00 OUTPATIENT VISITS 0 0 .00 .00 .000 .00 .00 OFFICE VISITS .00 .00 .000 .00 0 .00 HOME VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 .00 OTHER OUTPATIENT .00 .000 .00 .000 INPATIENT VISITS .00 .00 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .000 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 **EXAMINATIONS** .00 .00 .000 .00 .00 .00 .00 SERVICES AND MATERIALS .00 .000 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON 0 .00 .00 .000 .00 .00 ASSISTANT SURGEON 0 .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00

OUTPATIENT SURGERY	0	0	.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000	.00		.00
ANESTHESIOLOGIST	Ô	0	.00		.00	.000	.00		.00
	0	0	.00			.000	.00		.00
DIALYSIS	U	U			.00				
PATHOLOGY	0	0	.00		.00	.000	.00		.00
RADIOLOGY	0	0	.00		.00	.000	.00		.00
PSYCHIATRY	0	0	.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00		.00	.000	.00		.00
@PHARMACY	3	8 \$	358.81	\$	44.85		\$ 179.41	Ġ	7.97
	2	0 Ş		Ų			179.41	Ą	
PRESCRIPTION DRUGS	2	8	358.81		44.85	.178			7.97
SNF/ICF	0	0	.00		.00	.000	.00		.00
OUTPATIENTS	2	8	358.81		44.85	.178	179.41		7.97
MEDICAL SUPPLIES	0	0	.00		.00	.000	.00		.00
@DENTIST	0	0 \$	.00	\$	.00	.000	\$ .00	\$	.00
VISITS - DIAGNOSTIC	0	0 .	.00	•	.00	.000	.00	•	.00
ORAL SURGERY	0	0	.00		.00	.000	.00		.00
	0	0							
DRUGS	0	0	.00		.00	.000	.00		.00
ANESTHESIA	Ü	0	.00		.00	.000	.00		.00
PERIODONTICS	0	0	.00		.00	.000	.00		.00
ENDODONTICS	0	0	.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00		.00	.000	.00		.00
PROSTHETICS	0	0	.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00		.00	.000	.00		.00
	0	0							
MAXILLOFACIAL SERVICES	U	U	.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MONT	TH-OF-PAYMENT RE	EPORT E	FOR JAN 2	003 THRU D	EC 2003	PA	GE 9,246
		S AND EXPENDITURES MONT DENTAL	TH-OF-PAYMENT RE	EPORT I	FOR JAN 2	003 THRU D	DEC 2003	PA	
MOP024	FEE-FOR-SERVICE	DENTAL					DEC 2003	PA	GE 9,246 01/29/04
	FEE-FOR-SERVICE				FOR JAN 2 AID CODE	7н			01/29/04
MOP024 NEVADA COUNTY	FEE-FOR-SERVICE, SUMMARY OF SERVI	DENTAL CES FOR MEDI-CAL TUBER	RCULOSIS PROGRAN	M A	AID CODE	7н мс	NTHLY AVERA	.GE -	01/29/04
MOP024	FEE-FOR-SERVICE	DENTAL CES FOR MEDI-CAL TUBER UNITS OF SERVICE		M AVERA	AID CODE	7H MC UNITS/DAYS	ONTHLY AVERA	.GE – C	01/29/04  OST PER
MOP024 NEVADA COUNTY 45 ELIGIBLES	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	DENTAL CES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE	RCULOSIS PROGRAM	AVERA PER U	AID CODE AGE COST UNIT/DAY	7H MC UNITS/DAYS PER ELIG	ONTHLY AVERA COST PER USER	.GE – C E	01/29/04  OST PER LIGIBLE
MOP024 NEVADA COUNTY  45 ELIGIBLES  @OPTOMETRIST	FEE-FOR-SERVICE, SUMMARY OF SERVI	DENTAL CES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$	RCULOSIS PROGRAM EXPENDITURES .00	M AVERA	AID CODE AGE COST UNIT/DAY .00	7H MC UNITS/DAYS PER ELIG .000	ONTHLY AVERA COST PER USER \$ .00	.GE – C	01/29/04  OST PER LIGIBLE .00
MOP024 NEVADA COUNTY  45 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	DENTAL CES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	RCULOSIS PROGRAM EXPENDITURES .00 .00	AVERA PER U	AID CODE  AGE COST  UNIT/DAY  .00 .00	7H MC UNITS/DAYS PER ELIG .000 .000	ONTHLY AVERA COST PER USER \$ .00	.GE – C E	01/29/04  OST PER LIGIBLE .00 .00
MOP024 NEVADA COUNTY  45 ELIGIBLES  @OPTOMETRIST	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	DENTAL CES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$	RCULOSIS PROGRAM EXPENDITURES .00	AVERA PER U	AID CODE AGE COST UNIT/DAY .00	7H MC UNITS/DAYS PER ELIG .000	ONTHLY AVERA COST PER USER \$ .00 .00	.GE – C E	01/29/04  OST PER LIGIBLE .00
MOP024 NEVADA COUNTY  45 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	DENTAL CES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	RCULOSIS PROGRAM EXPENDITURES .00 .00	AVERA PER U	AID CODE  AGE COST  UNIT/DAY  .00 .00	7H MC UNITS/DAYS PER ELIG .000 .000	ONTHLY AVERA COST PER USER \$ .00	.GE – C E	01/29/04  OST PER LIGIBLE .00 .00
MOP024 NEVADA COUNTY  45 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	DENTAL CES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	RCULOSIS PROGRAM  EXPENDITURES  .00 .00 .00	AVERA PER U	AID CODE AGE COST UNIT/DAY .00 .00	7H MC UNITS/DAYS PER ELIG .000 .000 .000	ONTHLY AVERA S COST PER USER \$ .00 .00 .00	.GE – C E	01/29/04  OST PER LIGIBLE .00 .00
MOP024 NEVADA COUNTY  45 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	DENTAL CCES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0	RCULOSIS PROGRAM  EXPENDITURES  .00 .00 .00 .00 .00	AVERA PER U \$	AID CODE  AGE COST UNIT/DAY .00 .00 .00 .00	7H MC UNITS/DAYS PER ELIG .000 .000 .000	ONTHLY AVERA S COST PER USER \$ .00 .00 .00 .00 \$ .00	.GE - C E \$	01/29/04  OST PER LIGIBLE .00 .00 .00 .00
MOP024 NEVADA COUNTY  45 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	DENTAL CES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00	AVERA PER U \$	AID CODE  AGE COST UNIT/DAY .00 .00 .00 .00 .00	7H MC UNITS/DAYS PER ELIG .000 .000 .000 .000	ONTHLY AVERA S COST PER USER \$ .00 .00 .00 .00 \$ .00 \$ .00	.GE - C E \$	01/29/04 
MOP024 NEVADA COUNTY  45 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	DENTAL CES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00	AVERA PER U \$	AID CODE  AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	7H MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000	ONTHLY AVERA S COST PER USER \$ .00 .00 .00 \$ .00 \$ .00	GE - C E \$	01/29/04 
MOP024 NEVADA COUNTY  45 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	DENTAL CES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00	AVERA PER U \$	AID CODE  AGE COST UNIT/DAY  .00 .00 .00 .00 .00 .00 .00 .00	7H MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000	ONTHLY AVERA S COST PER USER \$ .00 .00 .00 \$ .00 \$ .00 .00 \$ .00 \$ .00	.GE - C E \$	01/29/04  OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00
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MOP024 NEVADA COUNTY  45 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE/SUMMARY OF SERVICE/SUMMARY OF SERVI	DENTAL CES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 \$	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA PER U \$ \$ \$ \$	AID CODE  AGE COST  UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7H MC UNITS/DAYS PER ELIG	ONTHLY AVERA S COST PER USER \$ .00 .00 .00 .00 \$ .00 .00 \$ .00 .00 .00 \$ .00 .00 \$ .00	GE	01/29/04  OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
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ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES MO	ONTH-OF-PAYMENT REPO	ORT FOR JAN 20	003 THRU DE	C 2003	PAGE 9,247
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES	FOR MEDI-CAL TU	BERCULOSIS PROGRAM	AID CODE 7	7H		
						THLY AVERAG	E
45 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES A	AVERAGE COST (		COST PER	COST PER
		DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE

					MON.	THLY AVERAGE	
45 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

	_	_									
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	•	.00	•	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000	•	.00	•	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH-OF-PAY	MENT REPO	ORT F	OR JAN 2003	THRU	DEC 20	03	PAGE	9,248
MOP024	FEE-FOR-SERVICE/DENTAL									01	/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR	MEDI-CAI	L TUBERCULOSIS	PROGRAM	Z	ID CODE 7H					

----- MONTHLY AVERAGE -----

45 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER	
ONLI OMUDD DDOUTDDDG	0	OR DAYS OF CARE	À	0.0	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	0	0	\$	.00	\$ .00	.000 \$	.00	•	
DURABLE MED. EQUIP.	0	U		.00	.00	.000	.00	.00	
BLOOD BANK	0	Ü		.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00	
OTHER TRANS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	)
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00	)
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00	)
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00	)
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	)
OPTICIAN	0	0		.00	.00	.000	.00	.00	)
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00	)
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00	)
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00	)
PROSTHETICS	0	0		.00	.00	.000	.00	.00	)
ORTHOTICS	0	0		.00	.00	.000	.00	.00	)
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00	)
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00	)
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00	)
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	)
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00	)
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	)
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	)
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	)
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00	)
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00	)
@XOVER EXCLUDING STATE HOSP**	Ó	0	S	.00	\$ .00	.000 \$	.00	\$ .00	
* TOTALC IN THECE IINEC ARE CIVE	NI AC A CEDAI	יים דאובי∩סאואידדראו דיו	· DMT			· · · · · ·			

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,249
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

					MO	NTHLY AVERA	GE	
126 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	114	970	\$ 64,707.39	\$ 66.71	7.698	\$ 567.61	\$	513.55
@PHYSICIANS SERVICES	64	195	\$ 13,505.76	\$ 69.26	1.548	\$ 211.03	\$	107.19
OUTPATIENT VISITS	19	20	1,153.82	57.69	.159	60.73		9.16
OFFICE VISITS	8	8	203.01	25.38	.063	25.38		1.61
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	6	7	319.26	45.61	.056	53.21		2.53
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	5	5	631.55	126.31	.040	126.31		5.01
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	11	21	901.27	42.92	.167	81.93		7.15

CRITICAL CARE  SNF/ICF TRANS 1P CARE  0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	HOSPITAL VISITS	11	21		901.27		42.92	.167		81.93		7.15
OPHTHALMOLOGICAL SERVICES	CRITICAL CARE	0	0		.00		.00	.000		.00		.00
EXAMINATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
EXAMINATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	EXAMINATIONS	0	0		.00		.00	.000				.00
INPATIENT HOSPITAL SURGERY	SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON 7 7 7 5,882.98 797.57 .056 797.57 44.31 ASSISTANT SURGEON 2 2 2 373.00 186.50 .016 186.50 .2.96 ANESTHESIOLOGIST 3 19 514.53 27.08 .151 171.51 4.08 OUTPATIENT SURGEON 17 27 2,175.91 80.59 .214 177.99 17.27 PRINCIPAL SURGEON 17 21 1,941.23 92.44 .167 114.19 15.41 ASSISTANT SURGEON 0 0 0 0.00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 5 6 6 234.68 39.11 .048 46.94 1.86 DIALYSIS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	INPATIENT HOSPITAL SURGERY	11	28		6,470.51		231.09	.222		588.23		
ANSSISTANT SURGEON 2 2 2 373.00 186.50 .016 186.50 2.96 ANESTHESIOLOGIST 3 19 514.53 27.08 .151 171.51 4.08 OUTPATIENT SURGERY 17 27 2.175.91 80.59 .214 127.99 17.27 PRINCIPAL SURGEON 17 21 1.941.23 92.44 .167 114.19 17.54 ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00			7		5,582.98		797.57	.056		797.57		44.31
AMESTHESIOLOGIST 3 19 514.53 27.08 .151 171.51 4.08 OUTPATTENT SURGENY 17 27 2.175.91 80.59 .214 127.99 17.27 PRINCIPAL SURGEON 17 21 1.941.23 92.44 .167 114.19 15.41 ASISTANT SURGEON 0 0 0 0 0 0 00 00 00 00 00 00 00 00 00	ASSISTANT SURGEON	2	2				186.50	.016		186.50		2.96
OUTPATIENT SURGERY		3			514.53		27.08	.151		171.51		4.08
ASSISTANT SURGEON  ANSSTRESIOLOGIST  5 6 234.68 39.11 048 46.94 1.86 DIALYSIS  0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	OUTPATIENT SURGERY	17			2,175.91		80.59	.214		127.99		17.27
ASSISTANT SURGEON ANSSTRESTOLOGIST 5 6 234.68 39.11 0.8 46.94 1.86 DIALYSIS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 PATHOLOGY 14 25 220.26 8.81 .199 1.573 1.75 RADIOLOGY 13 17 1,074.20 63.19 1.35 82.63 8.53 PSYCHIATRY 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 13 41 661.14 16.13 3.35 50.86 5.25 OTHER SERVICES/ALL X-OVERS 11 16 848.65 53.04 .127 77.15 6.74 PSHARMACY 18 28 682.02 24.36 2.22 37.89 \$.41 PRESCRIPTION DRUGS 18 28 682.02 24.36 .222 37.89 \$.41 SNF1CF 0 0 0 0 .00 .00 .00 .00 .00 OUTPATIENTS 18 28 682.02 24.36 .222 37.89 \$.41 MEDICAL SUPPLIES 0 0 0 0 .00 .00 .00 .00 .00  **OUTPATIENTS 18 28 682.02 24.36 .222 37.89 \$.41  **MEDICAL SUPPLIES 0 0 0 0 .00 .00 .00 .00 .00 .00  **DENTIST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRINCIPAL SURGEON	17	21				92.44	.167		114.19		15.41
DIALYSIS		0	0				.00	.000		.00		.00
PATHOLOGY	ANESTHESIOLOGIST	5	6		234.68		39.11	.048		46.94		1.86
PATHOLOGY	DIALYSIS	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	PATHOLOGY	14	25									
IMMUNIZATION AND INJECTION	RADIOLOGY	13	17		1,074.20		63.19	.135		82.63		8.53
IMMUNIZATION AND INJECTION	PSYCHIATRY	0	0		.00		.00	.000		.00		.00
## PHARMACY	IMMUNIZATION AND INJECTION	13	41				16.13	.325				
PRESCRIPTION DRUGS 18 28 682.02 24.36 .222 37.89 5.41 SNF/ICF 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	OTHER SERVICES/ALL X-OVERS	11	16		848.65		53.04	.127		77.15		6.74
SNF/ICF			28	\$	682.02	\$	24.36	.222	\$	37.89	\$	5.41
OUTPATIENTS         18         28         682.02         24.36         .222         37.89         5.41           MEDICAL SUPPLIES         0         0         .00 <td>PRESCRIPTION DRUGS</td> <td>18</td> <td>28</td> <td>•</td> <td>682.02</td> <td>•</td> <td>24.36</td> <td>.222</td> <td>•</td> <td>37.89</td> <td>•</td> <td>5.41</td>	PRESCRIPTION DRUGS	18	28	•	682.02	•	24.36	.222	•	37.89	•	5.41
MEDICAL SUPPLIES         0         0         .00         .00         .00         .00         .00         .00           @DENTIST         0         0         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00	SNF/ICF	0	0		.00		.00	.000		.00		.00
©DENTIST         0         0         \$         .00         \$         .00         \$         .00           VISITS - DIAGNOSTIC         0         0         .0	OUTPATIENTS	18	28		682.02		24.36	.222		37.89		5.41
@DENTIST         0         0         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00	MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
VISITS - DIAGNOSTIC 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@DENTIST	0	0	\$		\$	.00	.000	\$	.00	\$	.00
DRUGS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	VISITS - DIAGNOSTIC	0	0	·	.00	•	.00			.00	·	.00
ANESTHESIA 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ORAL SURGERY	0	0		.00		.00	.000		.00		.00
PERIODONTICS         0         0         .0	DRUGS	0	0		.00		.00	.000		.00		.00
ENDODONTICS         0         0         .00	ANESTHESIA	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY       0       0       .00 <td>PERIODONTICS</td> <td>0</td> <td>0</td> <td></td> <td>.00</td> <td></td> <td>.00</td> <td>.000</td> <td></td> <td>.00</td> <td></td> <td>.00</td>	PERIODONTICS	0	0		.00		.00	.000		.00		.00
PROSTHETICS         0         0         .00	ENDODONTICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES       0       0       .00 <td>RESTORATIVE DENTISTRY</td> <td>0</td> <td>0</td> <td></td> <td>.00</td> <td></td> <td>.00</td> <td>.000</td> <td></td> <td>.00</td> <td></td> <td>.00</td>	RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS         0         0         .00         <	PROSTHETICS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES         0         0         .00	DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS         0         0         .00	SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
ORTHODONTÍC SERVICES 0 0 0 .00 .00 .000 .00 .00 .00 .00 .00	MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,250	ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
	ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 20	03 THRU	DEC	2003	PAG	E 9,250
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04	MOP024	FEE-FOR-SERVICE/DENTA	т.									01/20/04
NEVADA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N												01/29/04

126 ELIGIBLES AVERAGE COST UNITS/DAYS COST PER USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 .00 .000 \$ .00 \$ .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 0 .00 .000 .00 .00 EYE APPLIANCES 0 .000 OTHER OPTOMETRIC SERVICES .00 .00 .00 .00 @CHIROPRACTOR .00 \$ .00 .000 \$ .00 \$ .00 .000 VISITS .00 .00 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 \$ .00 \$ .00

----- MONTHLY AVERAGE -----

0 .00 .00 .000 .00 MEDICINE/INJECTIONS .00 .00 .00 .000 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY 0 0 .00 .00 .000 .00 .00 0 .00 .00 .00 .00 OTHER .000 @HOME HEALTH AGENCY 104.99 \$ 52.50 .016 \$ 52.50 \$ .83 NURSE ANESTHESIST .00 \$ .00 .000 \$ .00 \$ .00

NURSE MIDWIFE	0	0	5 .0	0 5	.00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	;	0 \$		.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	;	0 \$	.00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	52	669	\$ 46,929.9			5.310 \$	902.50	\$ 372.46
HOSP INPATIENT TOTAL	7	28	35,369.6	51	1263.20 .00 1263.20	.222	5052.80	280.71
HSC HOSPITALS	0	0	. (	0 (	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	7	28	35,369.6	51	1263.20	.222	5052.80	280.71
ACCOMMODATIONS	7	28	11,788.2	22	421.01	.222	1684.03	93.56
ADMINISTRATIVE DAYS	0	0	. (	0 (	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	. 0	0 (	.00	.000	.00	.00
ALL OTHER ACCOM	7	28	11,788.2 23,581.3	22	421.01	.222	1684.03	93.56
ANCILLARIES	7	0	23,581.3	39	.00	.000	3368.77	187.15
INPATIENT CROSSOVERS	0	0	. (		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0			. 00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0 51	641	.0 11,560.3 .0	6	18.03	5.087	226.67	91.75
MEDICAL	0	0	,	0	.00	.000	.00	.00
SURGERY	ĺ	ĺ	19.1		19.13	.008	19.13	.15
PATHOLOGY	28	109	1,491.6		13.68	.865	53.27	11.84
RADIOLOGY	5	5	442.6		88.53	.040	88.53	3.51
ROOM USE	39	93	2,634.0		28.32	.738	67.54	20.90
CROSSOVERS/ALL OTH OUTPTNT	0,	433	6,972.9		16.10	3.437	162.16	55.34
@COUNTY HOSPITAL TOTAL	0	0	\$ .0			.000 \$		
CO HOSPITAL INPATIENT TOTAL	-	0	. (		.00	.000	.00	.00
HSC HOSPITALS	0	0	. 0		.00	0.00	0.0	.00
NON-HSC HOSPITALS TOTAL	0	0	. (		.00	.000	.00	.00
ACCOMMODATIONS	0	0	. (		.00			.00
ADMINISTRATIVE DAYS	0	0	. (		.00	000	.00	.00
TRANSITIONAL IP CARE	0	0	. (		.00	.000	.00	.00
ALL OTHER ACCOM	0	0	. (		.00	.000	.00	.00
ANCILLARIES	0	0	. (		.00	000	.00	.00
INPATIENT CROSSOVERS	0	0	. (		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	. (		.00			.00
CO HOSP OUTPATIENT TOTAL	0	0	. (		.00	000	.00	.00
MEDICAL	0	0	. (		.00	.000	.00	.00
SURGERY	0	0	. (		.00	.000	.00	.00
PATHOLOGY	0	0	. (		.00	.000	.00	.00
RADIOLOGY	0	0	. (		.00	.000	.00	.00
ROOM USE	0	0	. (		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	. (		.00	.000	.00	.00
	•	ES AND EXPENDITURE:						PAGE 9,251
MOP024	FEE-FOR-SERVICE		5 MONIII OF FAIMENI	. 1(1)1	OKI POK UAN 2	.005 TIMO DE	C 2003	01/29/04
NEVADA COUNTY		ICES FOR MINOR CO	JOENT AID CODES AI	ם כסו	NFG 7M 7D 7D	7N		01/29/04
NEVADA COUNTI	SUMMART OF SERV	ICES FOR MINOR CO	NSENI AID CODES AI	.D COI	71. 14 LE /IC	MON	אוויי אוויי	그다
126 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURE	.c 7	AVERAGE COST			COST PER
120 EDIGIBLES	OSEKS	OR DAYS OF CARE	EXPENDITORE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	52		46,929.9		70.15	5.310 \$		\$ 372.46
COMM HOSP INPATIENT TOTAL	7	28	35,369.6	- 1	1062 20	.222	5052.80	280.71
HSC HOSPITALS	0	0	33,309.0	) U	1203.20	.000	.00	.00
NON-HSC HOSPITALS TOTAL	7	28	35,369.6	10	1262 20	.222	5052.80	280.71
ACCOMMODATIONS	/ 7	28	11,788.2	) ) ) T	1263.20 .00 1263.20 421.01 .00	.222	1684.03	280.71 93.56
	7	0	11,/88.2	10	441.01	.222		.00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0		0	.00	.000	.00	.00
	U	28		0	.00 421.01	.222	1684.03	.00 93.56
ALL OTHER ACCOM	7	28	11,788.2					
ANCILLARIES	7	0	23,581.3		.00	.000	3368.77	187.15

0

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11,560.36

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226.67

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19.13

53.27

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91.75

.00

11.84

.15

INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

ALL OTHER INPATIENT

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY	5	5		442.63		88.53	.040		88.53		3.51
ROOM USE	39	93		2,634.01		28.32	.738		67.54		20.90
CROSSOVERS/ALL OTH OUTPTNT	43	433		6,972.98		16.10	3.437		162.16		55.34
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	8	11	\$	208.28	\$	18.93	.087	\$	26.04	\$	1.65
PATHOLOGY	8	11		208.28		18.93	.087		26.04		1.65
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	10	58	\$	2,541.37	\$		.460	\$	254.14	\$	20.17
CLINIC	10	58		2,541.37		43.82	.460		254.14		20.17
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	URES M	IONTH-OF-PAYMENT RE	PORT	FOR JAN 200	3 THRU	DEC	2003	PA	GE 9,252
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR	MINOR	CONSE	NT AID CODES AID C	ODES						
							M	IONT	HLY AVERA	GE -	

					MON	THLY AVERAGE	
126 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	7	7	\$ 735.00	\$ 105.00	.056 \$	105.00 \$	5.83
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	7	7	735.00	105.00	.056	105.00	5.83
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,253
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MOP024	FEE-FOR-SERVICE							01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR EDWA	RDS CASE	S IN PA-FAMILIES	AID CODE	38		
						MOI	THLY AVERAG	E
1,001 ELIGIBLES	USERS	UNITS OF SERV	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
1,001 2213223	0,0211,0	OR DAYS OF C		2111 2112 1 01122	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	561	2,014	\$	129,145.71	\$ 64.12	2.012		
@PHYSICIANS SERVICES	207	425	\$	17,053.58	\$ 40.13	.425		
OUTPATIENT VISITS	182	236		8,515.77	36.08	.236	46.79	8.51
OFFICE VISITS	116	140		3,985.61	28.47	.140	34.36	3.98
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	78	90		4,338.21	48.20	.090	55.62	4.33
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	5		146.19	29.24	.005	73.10	.15
	1	1						
OTHER OUTPATIENT				45.76	45.76	.001	45.76	.05
INPATIENT VISITS	7	19		1,022.51	53.82	.019	146.07	1.02
HOSPITAL VISITS	7	18		900.91	50.05	.018	128.70	.90
CRITICAL CARE	1	1		121.60	121.60	.001	121.60	.12
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2		104.23	52.12	.002	52.12	.10
EXAMINATIONS	2	2		104.23	52.12	.002	52.12	.10
SERVICES AND MATERIALS	0	2		.00	.00	.002	.00	.00
	4	0						
INPATIENT HOSPITAL SURGERY	4	9		2,765.69	307.30	.009	691.42	2.76
PRINCIPAL SURGEON	3	3		2,443.56	814.52	.003	814.52	2.44
ASSISTANT SURGEON	1	1		162.14	162.14	.001	162.14	.16
ANESTHESIOLOGIST	1	5		159.99	32.00	.005	159.99	.16
OUTPATIENT SURGERY	15	28		1,365.83	48.78	.028	91.06	1.36
PRINCIPAL SURGEON	14	21		1,213.94	57.81	.021	86.71	1.21
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	7		151.89	21.70	.007	75.95	.15
	0	0		.00	.00	.000	.00	
DIALYSIS								.00
PATHOLOGY	20	32		284.66	8.90	.032	14.23	. 28
RADIOLOGY	36	65		1,951.90	30.03	.065	54.22	1.95
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	8		65.23	8.15	.008	16.31	.07
OTHER SERVICES/ALL X-OVERS	16	26		977.76	37.61	.026	61.11	.98
@PHARMACY	277	554	\$	30,477.00	\$ 55.01	.553	110.03	\$ 30.45
PRESCRIPTION DRUGS	276	552	τ	30,373.04	55.02	.551	110.05	30.34
SNF/ICF	0	0		.00	.00	.000	.00	.00
	276	552						
OUTPATIENTS				30,373.04	55.02	.551	110.05	30.34
MEDICAL SUPPLIES	2	2		103.96	51.98	.002	51.98	.10
@DENTIST	44	187	\$	7,649.00	\$ 40.90	.187		\$ 7.64
VISITS - DIAGNOSTIC	24	106		1,336.00	12.60	.106	55.67	1.33
ORAL SURGERY	6	12		1,295.00	107.92	.012	215.83	1.29
DRUGS	3	3		75.00	25.00	.003	25.00	.07
ANESTHESIA	2	2		200.00	100.00	.002	100.00	.20
PERIODONTICS	1	1		200.00	200.00	.002	200.00	.20
ENDODONTICS	2	2		286.00	143.00	.002	143.00	.29
RESTORATIVE DENTISTRY	25	60		4,187.00	69.78	.060	167.48	4.18
PROSTHETICS	0	0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0		0		.00		.00		000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00		000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00		000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00		000		.00		.00
ORTHODONTIC SERVICES	1		1		70.00	7	0.00		001		70.00		.07
ALL OTHER SERVICES	0		0		.00		.00		000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXI	PENDITUR	ES MON'	TH-OF-PAYMENT F	REPORT FO	R JAN	2003 I	HRU D	EC	2003	PA	GE 9,254
MOP024	FEE-FOR-SERVICE	/DENTAL											01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR	EDWARDS	CASES	IN PA-FAMILIES	S AI	D CODE	38					
									MO	NTH	LY AVERA	GE -	
1,001 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAG	E COST	UNITS	S/DAYS	C	OST PER	C	OST PER
		OR DAYS	OF CARE			PER UN	IT/DAY	PER	ELIG		USER	E	LIGIBLE
@OPTOMETRIST	7		20	\$	453.28	\$ 2	2.66		020	\$	64.75	\$	.45
DIAGNOSTIC AND ANC. PROCED	6		6		259.39	4	3.23		006		43.23		.26
EYE APPLIANCES	6		13		181.89	1	3.99		013		30.32		.18
OTHER OPTOMETRIC SERVICES	1		1		12.00	1	2.00		001		12.00		.01

C GUIT D O D D A GEO D	4	~ A	100 30	å 16 F0	000	05.00		1.0
@CHIROPRACTOR	4	6 \$	100.32	\$ 16.72	.006 \$		\$	.10
VISITS	4	6	100.32	16.72	.006	25.08		.10
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	•	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
	0	0						
RADIO./PATHOLOGY	U	•	.00	.00	.000	.00		.00
OTHER	0	0	.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$		\$	.00
FAMILY NURSE PRACTITIONER	2	3 \$	73.08	\$ 24.36	.003 \$		\$	.07
@TOTAL HOSPITAL	132	•	59,267.15	•	.493 \$			59.21
		493 \$					\$	
HOSP INPATIENT TOTAL	8	31	46,061.21	1485.85	.031	5757.65		46.02
HSC HOSPITALS	1	11	13,266.00	1206.00	.011	13266.00		13.25
NON-HSC HOSPITAL TOTAL	7	20	32,795.21	1639.76	.020	4685.03		32.76
ACCOMMODATIONS	7	20	9,395.46	469.77	.020	1342.21		9.39
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	7	20	9,395.46	469.77	.020	1342.21		9.39
	7	0						
ANCILLARIES	•		23,399.75	.00	.000	3342.82		23.38
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	128	462	13,205.94	28.58	.462	103.17		13.19
MEDICAL	13	15	541.89	36.13	.015	41.68		.54
SURGERY	9	9	195.04	21.67	.009	21.67		.19
PATHOLOGY	48	153	1,954.54	12.77	.153	40.72		1.95
	32	41	3,646.24	88.93	.041	113.95		3.64
RADIOLOGY								
ROOM USE	94	107	4,078.47	38.12	.107	43.39		4.07
CROSSOVERS/ALL OTH OUTPINT	59	137	2,789.76	20.36	.137	47.28		2.79
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	n o	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
	0	0						
ANCILLARIES	U	U	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	Ô	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
	0							
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	MONTH-OF-PAYMENT R.	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAG	GE 9,255
MOP024	FEE-FOR-SERVICE							01/29/04
NEVADA COUNTY	SUMMARY OF SERV	VICES FOR EDWARDS C	ASES IN PA-FAMILIES	AID CODE				
					MON	ITHLY AVERA	.GE	
1,001 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CC	OST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	EI	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	132	493 \$	59,267.15	\$ 120.22	.493 \$			59.21
COMM HOSP INPATIENT TOTAL	8	31	46,061.21	1485.85	.031	5757.65	~	46.02
	° 1							
HSC HOSPITALS		11	13,266.00	1206.00	.011	13266.00		13.25
NON-HSC HOSPITALS TOTAL	7	20	32,795.21	1639.76	.020	4685.03		32.76
ACCOMMODATIONS	7	20	9,395.46	469.77	.020	1342.21		9.39

ADMINITORD ARTITE DAVIG	0	0		0.0		0.0	000		0.0		0.0
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	<u>'/</u>	20		9,395.46		469.77	.020		1342.21		9.39
ANCILLARIES	7	0		23,399.75		.00	.000		3342.82		23.38
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	128	462		13,205.94		28.58	.462		103.17		13.19
MEDICAL	13	15		541.89		36.13	.015		41.68		.54
SURGERY	9	9		195.04		21.67	.009		21.67		.19
PATHOLOGY	48	153		1,954.54		12.77	.153		40.72		1.95
RADIOLOGY	32	41		3,646.24		88.93	.041		113.95		3.64
ROOM USE	94	107		4,078.47		38.12	.107		43.39		4.07
CROSSOVERS/ALL OTH OUTPTNT	59	137		2,789.76		20.36	.137		47.28		2.79
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ś	.00	\$	.00
MENTALLY ILL	0	Ő	٧	.00	٧	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
	0	0	\$	.00	Ś	.00	.000	ė,	.00	Ś	.00
@NURSING FACILITY	0	0	Ą		Ą	.00	.000	Ą	.00	Ą	
LEV A-INTERMEDIATE	0	0		.00							.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	14	51	\$	975.71	\$	19.13	.051	\$	69.69	\$	.97
PATHOLOGY	14	51	•	975.71	•	19.13	.051		69.69	-	.97
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	64	90	\$	11,211.82	\$	124.58		\$	175.18	\$	11.20
CLINIC	8	20	т	432.76	4	21.64	.020	т	54.10	т.	.43
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	56	70		10,779.06		153.99	.070		192.48		10.77
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		ES MON		ים חבים			DEC		D	AGE 9,256
MOP024	FEE-FOR-SERVICE/D		101	VIII OI IIIIIIIIVI KE	orci	1010 07110	2005 11110	рцс	2003	-	01/29/04
NEVADA COUNTY	SUMMARY OF SERVICE		CASES	TN DA-FAMILIES		AID CODE	3.8				01/25/04
NEVADA COUNTI	SUMMART OF SERVICE	ES FOR EDWARDS	CADEL	J IN FA PAMILIES		AID CODE		ONT	HLY AVERA	CF	
1,001 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES	7/1/2	יסאכד כספיד	UNITS/DAY				COST PER
I,UUI ELIGIBLES		OR DAYS OF CARE		EXPENDITORES			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS		185	\$	1 004 77		10.19	.185		42.84		
	44		Ą	1,884.77	\$			Ą		Ą	1.88
DURABLE MED. EQUIP.	1	4		85.30		21.33	.004		85.30		.09
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	3	15		422.38		28.16	.015		140.79		.42
AMBULANCES/AIR TRANS	3	15		422.38		28.16	.015		140.79		.42
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	1	1		105.00		105.00	.001		105.00		.10
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00

OPTICIAN	8	18	174.66	9.70	.018	21.83	.17
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	31	147	1,097.43	7.47	.147	35.40	1.10
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	5	7	\$ 905.88	\$ 129.41	.007	\$ 181.18	\$ .90
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,257 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

NEVADA COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

NEVADA COUNTI	SUMMARI OF SERV.	ICES FOR SSI APPEAL/I	NLDC IN PA-DISABLE	TO CODES OF	OP MONT	THIV AMEDAC	1F
125 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	-		COST PER
125 EDIGIDDES	OBERB	OR DAYS OF CARE	EXFENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	39	96 \$	2,771.56	\$ 28.87	.768 \$		\$ 22.17
@PHYSICIANS SERVICES	7	12 \$	341.05	\$ 28.42	.096 \$	48.72	
OUTPATIENT VISITS	, 6	9	272.47	30.27	.072	45.41	2.18
OFFICE VISITS	5	7	203.49	29.07	.056	40.70	1.63
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	68.98	34.49	.016	34.49	.55
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.008	46.44	.37
EXAMINATIONS	1	1	46.44	46.44	.008	46.44	.37
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	_2	22.14	11.07	.016	11.07	.18
@PHARMACY	32	58 \$	,	\$ 31.60	.464 \$	57.28	•
PRESCRIPTION DRUGS	32	58	1,833.02	31.60	.464	57.28	14.66
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	32	58	1,833.02	31.60	.464	57.28	14.66

MEDICAL SUPPLIES	0	0	.00		.00	.000	.00	.00
@DENTIST	1	2	\$ 65.00	\$	32.50	.016	\$ 65.00	\$ .52
VISITS - DIAGNOSTIC	1	2	65.00		32.50	.016	65.00	.52
ORAL SURGERY	0	0	.00		.00	.000	.00	.00
DRUGS	0	0	.00		.00	.000	.00	.00
ANESTHESIA	0	0	.00		.00	.000	.00	.00
PERIODONTICS	0	0	.00		.00	.000	.00	.00
ENDODONTICS	0	0	.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00		.00	.000	.00	.00
PROSTHETICS	0	0	.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF-PAYMENT	REPORT	FOR JAN 2	003 THRU I	DEC 2003	PAGE 9,258
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FO	R SSI APPE	AL/NLDC IN PA-DISAB	LED AI	D CODES 6N	6P		

							M	ONT	HLY AVERA	GE	
125 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	3	\$	78.74	\$	26.25	.024		78.74	\$	.63
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	1	2		21.54		10.77	.016		21.54		.17
OTHER OPTOMETRIC SERVICES	1	1		57.20		57.20	.008		57.20		.46
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	4	11	\$	276.87	\$	25.17	.088	\$	69.22	\$	2.21
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4	11		276.87		25.17	.088		69.22		2.21
MEDICAL	1	1		63.97		63.97	.008		63.97		.51
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		24.06		24.06	.008		24.06		.19
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	3		99.64		33.21	.024		49.82		.80
CROSSOVERS/ALL OTH OUTPTNT	2	6	_	89.20		14.87	.048		44.60	_	.71
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 9,259

MOP024 01/29/04 FEE-FOR-SERVICE/DENTAL NEVADA COUNTY

NEVADA COUNTY	SUMMARY OF SERV	ICES FOR SSI API	PEAL/	NLDC IN PA-DISABL	ED AI	D CODES 61				~-	
105			_				M				
125 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST					COST PER
		OR DAYS OF CARI		0.7.6.0.7		UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	11	\$	276.87	\$	25.17	.088	Ş	69.22	Ş	2.21
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4	11		276.87		25.17	.088		69.22		2.21
	1										
MEDICAL	Τ	1		63.97		63.97	.008		63.97		.51
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		24.06		24.06	.008		24.06		.19
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	3		99.64		33.21	.024		49.82		.80
CROSSOVERS/ALL OTH OUTPTNT	2	6		89.20		14.87	.048		44.60		.71
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0	•	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
	0	0	4		4			4	.00	۲,	
@INTERMEDIATE CARE FACILDD	0	•	\$	.00	\$	.00	.000	\$		\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	U	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	2	\$	24.09	\$	12.05	.016	\$	24.09	\$	.19
PATHOLOGY	1	2	•	24.09	•	12.05	.016	•	24.09		.19
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
CLINIC	0	0	Υ	.00	Υ	.00	.000	٧	.00	~	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0									
RURAL HEALTH CLINIC	· ·	•		.00		.00	.000	550	.00	_	.00
#CALIF DEPT OF HEALTH SERV			KES N	MONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2003 THRU	DEC	2003	F	AGE 9,260
MOP024	FEE-FOR-SERVICE										01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR SSI API	PEAL/	NLDC IN PA-DISABL	ED AI	D CODES 61					
							M	ONT	HLY AVERA	GE	
125 ELIGIBLES	USERS	UNITS OF SERVICE	£	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	£		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	4	8	\$	152.79	\$	19.10	.064	\$	38.20	\$	1.22
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
	-	•		. 0 0							

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	4	128.85	32.21	.032	128.85	1.03
AMBULANCES/AIR TRANS	1	4	128.85	32.21	.032	128.85	1.03
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	17.88	8.94	.016	17.88	.14
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	2	6.06	3.03	.016	3.03	.05
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000		\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,261
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E	

					MC	NTHLY AVERAG	E
55 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	105	1,677	\$ 197,701.86	\$ 117.89	30.491	\$ 1882.87	\$ 3594.58
@PHYSICIANS SERVICES	6	6	\$ 228.19	\$ 38.03	.109	\$ 38.03	\$ 4.15
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	6	6		228.19	38.03	.109	38.03		4.15
@PHARMACY	92	455	\$	27,481.76	\$ 60.40	8.273	\$ 298.71	\$	499.67
PRESCRIPTION DRUGS	92	440		26,953.13	61.26	8.000	292.97		490.06
SNF/ICF	41	249		14,483.10	58.17	4.527	353.25		263.33
OUTPATIENTS	52	191		12,470.03	65.29	3.473	239.81		226.73
MEDICAL SUPPLIES	6	15		528.63	35.24	.273	88.11		9.61
@DENTIST	4	7	\$	151.00	\$ 21.57	.127	\$ 37.75	\$	2.75
VISITS - DIAGNOSTIC	2	4		78.00	19.50	.073	39.00		1.42
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	1	1		48.00	48.00	.018	48.00		.87
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	1		25.00	25.00	.018	.00		.45
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	1	1		.00	.00	.018	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	JRES MO	NTH-OF-PAYMENT REI	PORT FOR JAN	I 2003 THRU D	EC 2003	PI	AGE 9,262
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES-	AGED IN PA-AGED	AID CC	DE 1E			
						MO	NTHLY AVERA	GE -	

						M	ON.T.	HLY AVERA	GE	
55 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	6	6	\$ 41.92	\$	6.99	.109	\$	6.99	\$	.76
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	6	6	41.92		6.99	.109		6.99		.76
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	2	10	\$ 872.05	\$	87.21	.182	\$	436.03	\$	15.86
HOSP INPATIENT TOTAL	1	9	840.00		93.33	.164		840.00		15.27
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	9	840.00		93.33	.164		840.00		15.27
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	1	1	32.05	32.05	.018	32.05	.58
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	32.05	32.05	.018	32.05	.58
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MOD	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 9,263
MOP024	FEE-FOR-SERVICE/I						01/29/04
NEVADA COUNTY	SUMMARY OF SERVICE	ES FOR CRAIG CASES-	AGED IN PA-AGED	AID CODE			
55					MON'		
55 ELIGIBLES	USERS (	NITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	0	OR DAYS OF CARE	0.70 0.5	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	10 \$	872.05	\$ 87.21	.182 \$		\$ 15.86
COMM HOSP INPATIENT TOTAL	Ţ	9	840.00	93.33	.164	840.00	15.27
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	U	U	.00	.00	.000	.00	.00

55 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST			COST PER		COST PER
	0.0	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	10	\$	872.05	\$	87.21	.182		436.03		
COMM HOSP INPATIENT TOTAL	1	9	т	840.00	4	93.33	.164	т	840.00	т.	15.27
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	9		840.00		93.33	.164		840.00		15.27
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1	1		32.05		32.05	.018		32.05		.58
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		32.05		32.05	.018		32.05		.58
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	38	1,157	\$	167,940.38	\$	145.15	21.036	\$	4419.48	\$	3053.46
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	38	1,157		167,940.38		145.15	21.036		4419.48		3053.46
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

01/29/04

FEE-FOR-SERVICES FOR CRAIG CASES, AGED IN DALAGED AND CODE 1F

MOP024

MOP024	FEE-FOR-SERVICE/	DEN'I'AL										01/29/04
NEVADA COUNTY	SUMMARY OF SERVI	CES FOR	CRAIG C	CASES-	AGED IN PA-AGED		AID CODE	E 1E				
								M	TNC	HLY AVERA	GE ·	
55 ELIGIBLES	USERS	UNITS OF	SERVICE	:	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (	COST PER	(	COST PER
		OR DAYS					UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	11 1	011 21112	36	\$	986.56		27.40	.655		89.69		
DURABLE MED. EQUIP.	1		2	٧	487.00	Ψ.	243.50	.036	٧	487.00	٧	8.85
BLOOD BANK	0		0		.00		.00	.000		.00		.00
			1		25.00		25.00			25.00		.45
HEARING AID DISPENSERS	1		Ţ					.018				
MEDICAL TRANSPORTATION	0		0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0		0		.00		.00	.000		.00		.00
OTHER TRANS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
ACUPUNCTURE	0		0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0		0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0		ñ		.00		.00	.000		.00		.00
OPTICIAN	0		0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0		0		.00		.00	.000		.00		.00
	1		3							1.85		.03
PORTABLE X-RAY	0		3		1.85		.62	.055				
PROSTHETIST/ORTHOTISTS	U		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
ORTHOTICS	0		0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0		0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0		0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0		0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0		0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0		0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0		0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0		0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0		Ö		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	8		30		472.71		15.76	.545		59.09		8.59
@CALIF. CHILDREN SERVICES*	0		0	\$		\$	.00	.000	Ġ	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	27		46	\$	7,872.91		171.15	.836		291.59		143.14
		me theoph		•	•	Ą	1/1.15	.030	Ą	291.59	Ą	143.14
@* TOTALS IN THESE LINES ARE												
THE AMOUNTS ARE ALREADY IN					ABOVE.							
** THESE DATA ARE INCLUDED I											_	
			PENDITUR	RES MO	NTH-OF-PAYMENT RE	PORT	FOR JAN 2	2003 THRU	DEC	2003	P	AGE 9,265
MOP024	FEE-FOR-SERVICE/											01/29/04
NEVADA COUNTY	SUMMARY OF SERVI	CES FOR	CRAIG C	ASES-	BLIND IN PA-BLIN	ID	AID CODE	E 2E				
								M	TNC	HLY AVERA	GE ·	
15 ELIGIBLES	USERS	UNITS OF	SERVICE	:	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (	COST PER	(	COST PER
		OR DAYS	OF CARE	:		PER	UNIT/DAY	PER ELIG		USER	1	ELIGIBLE
@TOTAL, ALL PROVIDERS	21		527	\$	38,904.86	\$	73.82	35.133	Ś	1852.61	\$	2593.66
@PHYSICIANS SERVICES	1		1	\$	45.25	\$	45.25	.067		45.25		3.02
OUTPATIENT VISITS	0		0	т	.00	т.	.00	.000		.00	т	.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
HOME ATOTIO	0		0									
EMERGENCY ROOM	21 1 0 0 0		U		.00		.00	.000		.00		.00
FILEVENITVE CARE	Ü		Ü		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	Ü		Ü		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00

0

0

0

SNF/ICF/TRANS IP CARE

OPHTHALMOLOGICAL SERVICES

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				0.0		0.0	000		0.0		0.0
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		45.25		45.25	.067		45.25		3.02
@PHARMACY	19	159	\$	7,859.77	\$	49.43	10.600	\$	413.67	\$	523.98
PRESCRIPTION DRUGS	19	159	•	7,859.77	•	49.43	10.600	•	413.67	•	523.98
SNF/ICF	16	150		7,413.68		49.42	10.000		463.36		494.25
OUTPATIENTS	3	9		446.09		49.57	.600		148.70		29.74
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$		\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	•	.00	•	.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	TES AND EXPENDITI	RES M	ONTH-OF-PAYMENT R	EDOR'			DEC		DΖ	GE 9,266
MOP024	FEE-FOR-SERVICE		ICED III		LI OIC	1 1010 07110	2005 11110	рцс	2003	1.1	01/29/04
NEVADA COUNTY	SUMMARY OF SERV		CASES	- BLIND IN PA-BLI	ND	AID COD	E 2E				01/2J/01
1.2 (1.21 0001(1.1	SOLUMNICE OF BEHAVIOR		0210110			1112 002	M	ОИТТ	HLY AVERA	GE -	
15 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY		COST PER		COST PER

15 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	.00
EYE APPLIANCES	0	0	.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	1	1	\$ 5.82	\$	5.82	.067	\$	5.82	\$ .39
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	1	1	5.82		5.82	.067		5.82	.39
@HOME HEALTH AGENCY	1	74	\$ 2,208.38	\$	29.84	4.933	\$	2208.38	\$ 147.23
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
@TOTAL HOSPITAL	1	6	\$ 840.00	\$	140.00	.400	\$	840.00	\$ 56.00

HOSP INPATIENT TOTAL	1	6	840.00	140.00	.400	840.00	5	6.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	1	6	840.00	140.00	.400	840.00		56.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 s		\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	т	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON	NTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DE	C 2003	PAGE	9,267
MOP024	FEE-FOR-SERVICE	DENTAL					01	1/29/04
NEVADA COUNTY	SUMMARY OF SERVI	CES FOR CRAIG CASES-	BLIND IN PA-BLIN	ID AID CODI	E 2E			
					MON	THLY AVERA	GE	
15 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST	PER
		OR DAYS OF CARE		PER UNIT/DAY		USER		FIBLE
@COMMUNITY HOSPITAL TOTAL	1	6 \$	840.00	\$ 140.00	.400 \$		•	66.00
COMM HOSP INPATIENT TOTAL	1	6	840.00	140.00	.400	840.00	Ę	6.00
HSC HOSDITALS	0	Ω	0.0	0.0	000	0.0		0.0

15 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	_	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	6	\$ 840.00	\$ 140.00	.400	840.00	\$	56.00
COMM HOSP INPATIENT TOTAL	1	6	840.00	140.00	.400	840.00		56.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	1	6	840.00	140.00	.400	840.00		56.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	.00	\$	.00

DEVELOP, DISABLED	MENTALLY ILL	0	0			.00		.00	.000		.00		.00
LEV A - INTERMEDIATE	DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	@NURSING FACILITY	8	232	\$	27	,696.51	\$	119.38	15.467	\$	3462.06	\$	1846.43
LEV B-SUBACUTE FREESTANDING 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPLE BASED 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE  LEV B-REGULAR  8 232 27,696.51 119.38 15.467 3462.06 1846.43  @INTERMEDIATE CARE FACILDD  0 0 \$ .00 \$ .00 .00 \$ .0	LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
ELEV B-REGULAR	LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
@INTERNEDIATE CARE FACILDD	LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ICF DDH	LEV B-REGULAR	8	232		27	,696.51		119.38	15.467		3462.06		1846.43
ICF DD	@INTERMEDIATE CARE FACILDD	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
TCF DDN/DDCN	ICF DDH	0	0			.00		.00	.000		.00		.00
### HEMODIALYSIS TOTAL 0 0 0 \$ .00 \$ .00 .00 \$ .	ICF DD	0	0			.00		.00	.000		.00		.00
HOSPITAL BASED	ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	@HEMODIALYSIS TOTAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
@REHABILITATION FACILITY         0         0         \$         .00         \$         .00         \$         .00           HOSPITAL BASED         0         0         0         .00	HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
HOSPITAL BASED	HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	@REHABILITATION FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
@LABORATORY FACILITY         0         0         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00	HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
PATHOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
XO AND OTHERS         0         0         .00         .00         .00         .00         .00         .00           @ORGANIZED OUTPATIENT CLINIC         0         0         \$         .00         \$         .00         .00         .00         \$         .00           CLINIC         0         0         .00	@LABORATORY FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
@ORGANIZED OUTPATIENT CLINIC         0         0         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00 <t< td=""><td>PATHOLOGY</td><td>0</td><td>0</td><td></td><td></td><td>.00</td><td></td><td>.00</td><td>.000</td><td></td><td>.00</td><td></td><td>.00</td></t<>	PATHOLOGY	0	0			.00		.00	.000		.00		.00
CLINIC         0         0         .00	XO AND OTHERS	0	0					.00					
SURGICENTER         0         0         .00	@ORGANIZED OUTPATIENT CLINIC	0	0	\$		.00	\$	.00	.000	\$	.00	\$	
HEROIN DETOX CLINIC       0       0       .00	CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	SURGICENTER	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,268 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04	HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04		0	0										
			(PENDIT	URES MOI	NTH-OF-PA	AYMENT RI	EPORT	FOR JAN 2	2003 THRU	DEC	2003	P	
NEVADA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E													01/29/04
	NEVADA COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES-	BLIND IN	N PA-BLII	ND	AID CODE	E 2E				

----- MONTHLY AVERAGE -----15 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 54 249.13 4.61 3.600 \$ 62.28 \$ 16.61 \$ DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 50.00 25.00 .133 25.00 3.33 HEARING AID DISPENSERS MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS 0 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 OTHER TRANS .00 OTHER SERVICES 0 .00 .000 .00 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .000 ADULT DAY HEALTH CARE CTR .00 .00 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 32.96 OPTICIAN 10.99 .200 32.96 2.20 PHYSICAL THERAPIST 0 .00 .00 .000 .00 .00 0 .00 .00 .00 .00 PORTABLE X-RAY .000 0 .00 .000 PROSTHETIST/ORTHOTISTS .00 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 .000 ORTHOTICS .00 .00 .00 .00 PSYCHOLOGIST 0 .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY 0 .00 .00 .000 .00 .00 HOSPICE SERVICES 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS 166.17 LOCAL EDUCATION AGENCIES 49 3.39 3.267 166.17 11.08 .00 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE 0 .000 RESPIRATORY CARE PRACT. 0 .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00

ALL OTHER PROVIDERS	0	0	4	.00		.00	.000	4	.00	4	.00
@CALIF. CHILDREN SERVICES*	U	Ü	Ş	.00		.00		\$	.00	Ş	.00
@XOVER EXCLUDING STATE HOSP**	4	2	\$	1,244.26	\$	622.13	.133	\$	311.07	\$	82.95
@* TOTALS IN THESE LINES ARE (	GIVEN AS A SEPARATI	E INFORMATION	ITEM	ONLY;							
THE AMOUNTS ARE ALREADY INC	CLUDED IN THE APPRO	OPRIATE DETAIL	LIN	ES ABOVE.							
** THESE DATA ARE INCLUDED IN	N THE APPROPRIATE I	DETAIL LINES A	BOVE	•							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES 1	MONTH-OF-PAYMENT	REPOR'	r for Jan :	2003 THRU	DEC	2003	P.	AGE 9,269
MOP024	FEE-FOR-SERVICE/DE	ENTAL									01/29/04
NEVADA COUNTY	SUMMARY OF SERVICE	ES FOR CRAIG	CASE	S- DISABLED IN PA	A-DISA	BLED AID C	ODE 6E				
							M	ONTE	HLY AVERA	GE	
269 ELIGIBLES	USERS UN	NITS OF SERVIC	E	EXPENDITURES	S AVI	ERAGE COST	UNITS/DAY	S C	COST PER		COST PER
		OR DAYS OF CAR	E		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	332	6,797	\$	226,348.09	\$	33.30	25.268	\$	681.77	\$	841.44
@PHYSICIANS SERVICES	77	376	\$	12,962.40	) \$	34.47	1.398	\$	168.34	\$	48.19
OUTPATIENT VISITS	38	61		2,427.81	_	39.80	.227		63.89		9.03
OFFICE VISITS	34	46		1,553.54	<u>l</u>	33.77	.171		45.69		5.78

HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	12	15		874.27		58.28	.056		72.86		3.25
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	3	4		233.50		58.38	.015		77.83		.87
HOSPITAL VISITS	2	3		206.00		68.67	.011		103.00		.77
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	1	1		27.50		27.50	.004		27.50		.10
OPHTHALMOLOGICAL SERVICES	2	2		109.69		54.85	.007		54.85		.41
EXAMINATIONS	2	2		109.69		54.85	.007		54.85		.41
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	2	45		1,867.26		41.49	.167		933.63		6.94
PRINCIPAL SURGEON	2	2		891.50		445.75	.007		445.75		3.31
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	43		975.76		22.69	.160		487.88		3.63
OUTPATIENT SURGERY	7	9		1,885.80		209.53	.033		269.40		7.01
PRINCIPAL SURGEON	, 7	9		1,885.80		209.53	.033		269.40		7.01
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	5		141.36		28.27	.019		35.34		.53
RADIOLOGY	14	19		500.78		26.36	.071		35.77		1.86
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	3	10		1,606.12		160.61	.037		535.37		5.97
OTHER SERVICES/ALL X-OVERS	33	221		4,190.08		18.96	.822		126.97		15.58
@PHARMACY	277	3,637	\$	118,944.62	\$	32.70	13.520	Ġ	429.40	Ġ	442.17
PRESCRIPTION DRUGS	277	1,064	Ą	117,611.20	Ą	110.54	3.955	Ą	426.13	Ą	437.22
SNF/ICF	19	164		10,593.28		64.59	.610		557.54		39.38
OUTPATIENTS	259	900		•		118.91	3.346		413.20		397.84
	12	2,573		107,017.92		.52			111.12		4.96
MEDICAL SUPPLIES	8	2,573	۲.	1,333.42	\$	95.12	9.565 .126	\$	404.25	\$	12.02
@DENTIST	0	11	\$	3,234.00 288.00	Ą	26.18	.041	Ą	57.60	Ą	1.07
VISITS - DIAGNOSTIC	1	1							45.00		
ORAL SURGERY	0	1		45.00 .00		45.00 .00	.004		.00		.17
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	0				118.00			118.00		.00
PERIODONTICS	1	1		118.00 330.00		330.00	.004		330.00		.44 1.23
ENDODONTICS		<u></u>				85.44					
RESTORATIVE DENTISTRY	3	9		769.00			.033		256.33		2.86
PROSTHETICS	U	10		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1			484.00		48.40	.037		484.00		1.80
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	Ţ		1,200.00		1200.00	.004		1200.00		4.46
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	550	.00		.00
#CALIF DEPT OF HEALTH SERV			IKES 1	MONTH-OF-PAYMENT R	EPORT	FOR JAN	ZUU3 THRU	DEC	: 2003	PΑ	GE 9,270
MOP024	FEE-FOR-SERVICE		G 3 G 5 G		DIGNE	T T D A T D	CODE CE				01/29/04
NEVADA COUNTY	SUMMARY OF SERV	LCES FOR CRAIG	CASES	S- DISABLED IN PA-	DISAB	TED AID				<b>a</b> =	
260 81 16121		INITEG OF CERT		HWD H		D300 000			HLY AVERA		
269 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	KAGE COS	T UNITS/DAY	. S	COST PER	<u>-</u>	OST PER

OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE USER @OPTOMETRIST 16 371.46 23.22 .059 \$ 74.29 \$ 1.38 47.45 DIAGNOSTIC AND ANC. PROCED 3 47.45 142.35 .011 .53 EYE APPLIANCES 12 181.66 15.14 .045 45.42 .68 47.45 47.45 .004 47.45 .18 OTHER OPTOMETRIC SERVICES 1 @CHIROPRACTOR 0 0 .00 \$ .00 .000 \$ .00 \$ .00 VISITS 0 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 0 .00 .000 .00 .00 2 3 \$ 6.58 2.19 .011 \$ 3.29 \$ .02 @PODIATRIST \$

MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	2	3		6.58		2.19	.011	3.29		.02
@HOME HEALTH AGENCY	_ 3	21	Ś	940.30	\$	44.78	.078		Ś	3.50
NURSE ANESTHESIST	0	0	Š	.00	\$	.00	.000		\$	.00
NURSE MIDWIFE	0	0	4	.00	Ģ	.00	.000			.00
PEDIATRIC NURSE PRACTITIONER	0	0	ب ب	.00	ب ب	.00	.000		\$ \$	.00
FAMILY NURSE PRACTITIONER	1	1	<u>ب</u> ب		\$		.004			.09
	1		Ş	22.90	\$					
@TOTAL HOSPITAL	44 9	225	\$	31,435.12	Ş	139.71	.836		\$	116.86
HOSP INPATIENT TOTAL	9	20		26,233.59		1311.68	.074	2914.84		97.52
HSC HOSPITALS	2	8		14,000.00		1750.00	.030	7000.00		52.04
NON-HSC HOSPITAL TOTAL	2	3		8,033.59		2677.86	.011	4016.80		29.86
ACCOMMODATIONS	2	3		1,608.34		536.11	.011	804.17		5.98
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	2	3		1,608.34		536.11	.011	804.17		5.98
ANCILLARIES	2	20 8 3 0 0 3 0 9 0 205 24		6,425.25		.00	.000	3212.63		23.89
INPATIENT CROSSOVERS	5	9		4,200.00		466.67	.033	840.00		15.61
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	36	205		5,201.53		25.37	.762	144.49		19.34
MEDICAL	11	24		757.77		31.57	.089	68.89		2.82
HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY	36 11 2 23 12	3		121.76		40.59	.011	60.88		.45
PATHOLOGY	23	87		1,050.38		12.07	.323	45.67		3.90
RADIOLOGY	1.0	16		1,388.55		86.78	.059	115.71		5.16
	12 17	23		•				42.73		2.70
ROOM USE				726.43		31.58	.086			
CROSSOVERS/ALL OTH OUTPTNT		52	4	1,156.64	4	22.24	.193	82.62	4	4.30
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000 \$		Ş	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	Ő		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00				
CROSSOVERS/ALL OTH OUTPTNT			DEC M		EDOD		.000	.00	D.7	.00
#CALIF DEPT OF HEALTH SERV			RES MO	ONTH-OF-PAYMENT R	EPOR	T FOR JAN 2	2003 THRU DE	C 2003	PA	AGE 9,271
MOP024	FEE-FOR-SERVICE		a. a. a. a. a.	DIGIDI DD 111 D1	D T G 3	DI				01/29/04
NEVADA COUNTY	SUMMARY OF SERV	TCES FOR CRAIG	CASES-	- DISABLED IN PA-	DISA	RPED AID CO			<b>a</b> -	
0.60 =========			_				MON			
269 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAYS			COST PER
		OR DAYS OF CAR				R UNIT/DAY		USER		ELIGIBLE
@COMMINITEV HOCDIENT TOTAL	11	225	ď	21 /25 12	Ċ	720 71	026	711/12	Ċ	116 06

@COMMUNITY HOSPITAL TOTAL 225 31,435.12 139.71 .836 \$ 714.43 \$ 116.86 44 \$ COMM HOSP INPATIENT TOTAL 20 26,233.59 1311.68 .074 2914.84 97.52 2 14,000.00 HSC HOSPITALS 8 1750.00 7000.00 52.04 .030 NON-HSC HOSPITALS TOTAL 2 3 8,033.59 2677.86 .011 4016.80 29.86 1,608.34 536.11 804.17 5.98 ACCOMMODATIONS .011 0 ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 .00 .00 .00 5.98 TRANSITIONAL IP CARE 0 0 .00 .00 .000 2 3 1,608.34 536.11 804.17 ALL OTHER ACCOM .011 2 0 6,425.25 .000 3212.63 23.89 ANCILLARIES .00

TARRETTE GROSSOTTERS	-	0		4 000 00		466 60	0.2.2		0.40 0.0		15 61
INPATIENT CROSSOVERS	5	9		4,200.00		466.67	.033		840.00		15.61
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	36	205		5,201.53		25.37	.762		144.49		19.34
MEDICAL	11	24		757.77		31.57	.089		68.89		2.82
SURGERY	2	3		121.76		40.59	.011		60.88		.45
PATHOLOGY	23	87		1,050.38		12.07	.323		45.67		3.90
RADIOLOGY	12	16		1,388.55		86.78	.059		115.71		5.16
ROOM USE	17	23		726.43		31.58	.086		42.73		2.70
CROSSOVERS/ALL OTH OUTPTNT	14	52		1,156.64		22.24	.193		82.62		4.30
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	16	374	\$	48,635.14	\$	130.04	1.390	\$	3039.70	\$	180.80
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	16	374		48,635.14		130.04	1.390		3039.70		180.80
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	21	\$	287.31	\$	13.68	.078	\$	95.77	\$	1.07
PATHOLOGY	3	21		287.31		13.68	.078		95.77		1.07
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	15	24	\$	4,710.37	\$	196.27	.089	\$	314.02	\$	17.51
CLINIC	0	0	·	.00	•	.00	.000	•	.00	·	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	15	24		4,710.37		196.27	.089		314.02		17.51
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX		JRES M		EPORT			DEC		$P^{\mu}$	AGE 9,272
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES	- DISABLED IN PA-	DISABI	LED AID (	CODE 6E				, -,
								# C B T CT	TTT 77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	aп	

NEVADA COUNTI	SOMMAKI OF SEK	AICED LOW CHAIG CHDED.	- DISABUUD IN FA-	DISABILD AID C	ODE OE		
					MON	THLY AVERAG	E
269 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	28	2,065 \$	4,797.89	\$ 2.32	7.677	171.35	\$ 17.84
DURABLE MED. EQUIP.	2	14	2,130.44	152.17	.052	1065.22	7.92
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	53	913.76	17.24	.197	152.29	3.40
AMBULANCES/AIR TRANS	6	53	913.76	17.24	.197	152.29	3.40
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	18	198.50	11.03	.067	24.81	.74
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	135.38	67.69	.007	135.38	.50

PROSTHETICS	1	2	135.38	67.69	.007	135.38	.50
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8	178	847.12	4.76	.662	105.89	3.15
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	1,800	572.69	.32	6.691	95.45	2.13
@CALIF. CHILDREN SERVICES*	5	49	\$ 13,687.65	\$ 279.34	.182	\$ 2737.53	\$ 50.88
@XOVER EXCLUDING STATE HOSP**	28	207	\$ 8,868.22	\$ 42.84	.770	\$ 316.72	\$ 32.97

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 9,273

01/29/04

NEVADA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

NEVADA COUNTY	SUMMARY OF SER	VICES FOR CRAIG	CASES	- TOTAL IN PA-TOTA	AL			~-	
222			_			MON		-	~~~~~
339 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	458	9,001	\$	462,954.81	\$ 51.43	26.552 \$			
@PHYSICIANS SERVICES	84	383	\$	13,235.84	\$ 34.56	1.130 \$		\$	39.04
OUTPATIENT VISITS	38	61		2,427.81	39.80	.180	63.89		7.16
OFFICE VISITS	34	46		1,553.54	33.77	.136	45.69		4.58
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	12	15		874.27	58.28	.044	72.86		2.58
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	3	4		233.50	58.38	.012	77.83		.69
HOSPITAL VISITS	2	3		206.00	68.67	.009	103.00		.61
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	1	1		27.50	27.50	.003	27.50		.08
OPHTHALMOLOGICAL SERVICES	2	2		109.69	54.85	.006	54.85		.32
EXAMINATIONS	2	2		109.69	54.85	.006	54.85		.32
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	2	45		1,867.26	41.49	.133	933.63		5.51
PRINCIPAL SURGEON	2	2		891.50	445.75	.006	445.75		2.63
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	2	43		975.76	22.69	.127	487.88		2.88
OUTPATIENT SURGERY	7	9		1,885.80	209.53	.027	269.40		5.56
PRINCIPAL SURGEON	7	9		1,885.80	209.53	.027	269.40		5.56
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	4	5		141.36	28.27	.015	35.34		.42
RADIOLOGY	14	19		500.78	26.36	.056	35.77		1.48
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	3	10		1,606.12	160.61	.029	535.37		4.74
OTHER SERVICES/ALL X-OVERS	40	228		4,463.52	19.58	.673	111.59		13.17
@PHARMACY	388	4,251	\$	154,286.15	\$ 36.29	12.540 \$		Ś	455.12
PRESCRIPTION DRUGS	387	1,663	τ	152,424.10	91.66	4.906	393.86	Ψ.	449.63
SNF/ICF	76	563		32,490.06	57.71	1.661	427.50		95.84
OUTPATIENTS	314	1,100		119,934.04	109.03	3.245	381.96		353.79
MEDICAL SUPPLIES	18	2,588		1,862.05	.72	7.634	103.45		5.49
@DENTIST	12	41	\$	3,385.00	\$ 82.56	.121 \$		Ś	9.99
VISITS - DIAGNOSTIC	7	15	٧	366.00	24.40	.044	52.29	Y	1.08
ORAL SURGERY	1	1		45.00	45.00	.003	45.00		.13
Old ID DONOLIKI	_	_		45.00	43.00	.003	13.00		.13

0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
1	1	118.00	118.00	.003	118.00	.35
1	1	330.00	330.00	.003	330.00	.97
4	10	817.00	81.70	.029	204.25	2.41
0	0	.00	.00	.000	.00	.00
1	11	509.00	46.27	.032	509.00	1.50
0	0	.00	.00	.000	.00	.00
1	1	1,200.00	1200.00	.003	1200.00	3.54
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
1	1	.00	.00	.003	.00	.00
MEDI-CAL SERVICES ANI	EXPENDITURES	MONTH-OF-PAYMENT REPORT	r for Jan	2003 THRU I	DEC 2003	PAGE 9,274
FEE-FOR-SERVICE/DENTA	ΑL					01/29/04
SUMMARY OF SERVICES E	FOR CRAIG CASE	S- TOTAL IN PA-TOTAL				
	FEE-FOR-SERVICE/DENTA	FEE-FOR-SERVICE/DENTAL	0         0         .00           1         1         118.00           1         1         330.00           4         10         817.00           0         0         .00           1         11         509.00           0         0         .00           1         1         1,200.00           0         0         .00           0         0         .00           0         0         .00           1         1         .00           MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT         FEE-FOR-SERVICE/DENTAL	0         0         .00         .00           1         1         118.00         118.00           1         1         330.00         330.00           4         10         817.00         81.70           0         0         .00         .00           1         11         509.00         46.27           0         0         .00         .00           1         1         1,200.00         1200.00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0

----- MONTHLY AVERAGE -----

339 ELIGIBLES		OF SERVICE YS OF CARE	EXP	ENDITURES			UNITS/DAY PER ELIG		COST PER USER	_	OST PER LIGIBLE
@OPTOMETRIST	5	16 \$	3	371.46	\$	23.22	.047	\$	74.29	\$	1.10
DIAGNOSTIC AND ANC. PROCED	3	3		142.35		47.45	.009		47.45		.42
EYE APPLIANCES	4	12		181.66		15.14	.035		45.42		.54
OTHER OPTOMETRIC SERVICES	1	1		47.45		47.45	.003		47.45		.14
@CHIROPRACTOR	0	0 \$	3	.00		.00	.000	Ś	.00	\$	.00
VISITS	0	0	•	.00		.00	.000	Ψ	.00	٧	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	a a	10 \$	4	54.32		5.43	.029	Ġ	6.04	Ċ	.16
MEDICINE/INJECTIONS	0	0	,	.00		.00	.000	Ų	.00	Ÿ	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	9	10									
OTHER	9		4	54.32		5.43	.029	ė.	6.04	4	.16
@HOME HEALTH AGENCY	4	95 \$		3,148.68	•	33.14	.280		787.17	\$	9.29
NURSE ANESTHESIST	0	0 \$		.00		.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	U	0 \$		.00		.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	3	.00		.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1	1 \$	5	22.90		22.90	.003	\$	22.90	\$	.07
@TOTAL HOSPITAL	47	241 \$		33,147.17		137.54	.711	\$	705.26	\$	97.78
HOSP INPATIENT TOTAL	11	35		27,913.59		797.53	.103		2537.60		82.34
HSC HOSPITALS	2	8		14,000.00	)	1750.00	.024		7000.00		41.30
NON-HSC HOSPITAL TOTAL	2	3		8,033.59	) :	2677.86	.009		4016.80		23.70
ACCOMMODATIONS	2	3		1,608.34		536.11	.009		804.17		4.74
ADMINISTRATIVE DAYS	0	0		.00	1	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	)	.00	.000		.00		.00
ALL OTHER ACCOM	2	3		1,608.34		536.11	.009		804.17		4.74
ANCILLARIES	2 2	0		6,425.25		.00	.000		3212.63		18.95
INPATIENT CROSSOVERS	7	24		5,880.00		245.00	.071		840.00		17.35
ALL OTHER INPATIENT	0	0		.00	)	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	37	206		5,233.58		25.41	.608		141.45		15.44
MEDICAL	11	24		757.77		31.57	.071		68.89		2.24
SURGERY	2	3		121.76		40.59	.009		60.88		.36
PATHOLOGY	23	87		1,050.38		12.07	.257		45.67		3.10
RADIOLOGY	12	16		1,388.55		86.78	.047		115.71		4.10
ROOM USE	17	23		726.43		31.58	.068		42.73		2.14
CROSSOVERS/ALL OTH OUTPTNT	15	53		1,188.69		22.43	.156		79.25		3.51
@COUNTY HOSPITAL TOTAL	0	0 \$	4	.00		.00	.000	Ġ	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	?	.00	•	.00	.000	Ą	.00	Ą	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0									.00
ANCILLARIES	0	0		.00		.00	.000		.00		
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF	-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	PA	GE 9,275
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
NEVADA COUNTY	SUMMARY OF SERVICES FO	R CRAIG CAS	SES- TOTAL	IN PA-TO	TAL						
							M	ONTE	HLY AVERA	GE -	

SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL ----- MONTHLY AVERAGE -----

					DEL	) IINITEE / 10 7 3 3	DED ELIC		HOED		EL TOTRI E
@COMMUNITY HOSPITAL TOTAL	47	OR DAYS OF CARE 241	\$	33,147.17	\$	137.54	PER ELIG		USER 705.26	\$	ELIGIBLE 97.78
COMM HOSP INPATIENT TOTAL	11	35	Ą	27,913.59	Ą	797.53	.103	Ą	2537.60	Ą	82.34
	2	8				1750.00					41.30
HSC HOSPITALS	2			14,000.00			.024		7000.00		
NON-HSC HOSPITALS TOTAL	2	3		8,033.59		2677.86	.009		4016.80		23.70
ACCOMMODATIONS	2	3		1,608.34		536.11	.009		804.17		4.74
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	3		1,608.34		536.11	.009		804.17		4.74
ANCILLARIES	2	0		6,425.25		.00	.000		3212.63		18.95
INPATIENT CROSSOVERS	7	24		5,880.00		245.00	.071		840.00		17.35
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	37	206		5,233.58		25.41	.608		141.45		15.44
MEDICAL	11	24		757.77		31.57	.071		68.89		2.24
SURGERY	2	3		121.76		40.59	.009		60.88		.36
PATHOLOGY	23	87		1,050.38		12.07	.257		45.67		3.10
RADIOLOGY	12	16		1,388.55		86.78	.047		115.71		4.10
ROOM USE	17	23		726.43		31.58	.068		42.73		2.14
CROSSOVERS/ALL OTH OUTPTNT		53	4	1,188.69	4	22.43	.156	4	79.25	4	3.51
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	_	.00
@NURSING FACILITY	62	1,763	\$	244,272.03	\$	138.55	5.201	\$	3939.87	\$	720.57
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	62	1,763		244,272.03		138.55	5.201		3939.87		720.57
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	т	.00	т.	.00	.000	-	.00	т.	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	Y	.00	Ÿ	.00	.000	Ų	.00	Y	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
	2	21	\$	287.31	\$	13.68	.062	\$	95.77	\$	.85
@LABORATORY FACILITY	3	21	Ą	287.31	Ą	13.68	.062	Ą	95.77	Ą	.85
PATHOLOGY	3	0									
XO AND OTHERS	1.5		4	.00	4	.00	.000	4	.00		.00
@ORGANIZED OUTPATIENT CLINIC	15	24	\$	4,710.37	\$	196.27	.071	Ş	314.02	\$	13.89
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	15	24		4,710.37		196.27	.071		314.02		13.89
#CALIF DEPT OF HEALTH SERV			ES M	IONTH-OF-PAYMENT RI	EPOR7	FOR JAN	2003 THRU	DEC	2003	Р	AGE 9,276
MOP024	FEE-FOR-SERVICE										01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG C	ASES	- TOTAL IN PA-TOTA	AL						
							M	IONTI	HLY AVERA	.GE	
339 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S (	COST PER		COST PER
		OR DAYS OF CARE			PEF		PER ELIC		USER		ELIGIBLE
@ALL OTHER PROVIDERS	43	2,155	\$	6,033.58	\$	2.80	6.357	\$	140.32	\$	17.80
DURABLE MED. EQUIP.	3	16		2,617.44	•	163.59	.047		872.48		7.72
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	3	3		75.00		25.00	.009		25.00		.22
MEDICAL TRANSPORTATION	6	53		913.76		17.24	.156		152.29		2.70
AMBULANCES/AIR TRANS	6	53		913.76		17.24	.156		152.29		2.70
OTHER TRANS	0	0		.00		.00	.000		.00		.00
Olimic liding	9	9		.00			.000				• • • •

OMITED GEDITCEG	0	0	0.0	0.0	000	0.0		0.0
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
ACUPUNCTURE	Ü	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	9	21	231.46	11.02	.062	25.72		.68
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	1	3	1.85	.62	.009	1.85		.01
PROSTHETIST/ORTHOTISTS	1	2	135.38	67.69	.006	135.38		.40
PROSTHETICS	1	2	135.38	67.69	.006	135.38		.40
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	9	227	1,013.29	4.46	.670	112.59		2.99
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	14	1,830	1,045.40	.57	5.398	74.67		3.08
@CALIF. CHILDREN SERVICES*	5	49	\$ 13,687.65	\$ 279.34	.145	\$ 2737.53	\$ 4	0.38
@XOVER EXCLUDING STATE HOSP**	59	255	\$ 17,985.39	\$ 70.53	.752	\$ 304.84	\$ 5	3.05

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,277 MOP024 FEE-FOR-SERVICE/DENTAL NEVADA COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

01/29/04

----- MONTHLY AVERAGE -----93,331 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 55,148 36,090,342.78 39.26 654.43 \$ 386.69 @TOTAL, ALL PROVIDERS 919,172 9.849 \$ 20,451 58,595 2,084,775.82 35.58 .628 \$ 101.94 \$ 22.34 @PHYSICIANS SERVICES OUTPATIENT VISITS 13,934 19,948 713,901.86 35.79 .214 51.23 7.65 OFFICE VISITS 9,899 13,053 388,393.83 29.76 .140 39.24 4.16 314.70 52.45 52.45 HOME VISITS 6 6 .000 .00 EMERGENCY ROOM 4,837 6,167 288,692.02 46.81 .066 59.68 3.09 PREVENTIVE CARE 8 8 384.76 48.10 .000 48.10 .00 24,583.69 79.56 OB VISITS/COMPRE PERI 192 309 .003 128.04 . 26 OTHER OUTPATIENT 376 405 11,532.86 28.48 .004 30.67 .12 INPATIENT VISITS 941 3,022 174,327.47 57.69 .032 185.26 1.87 HOSPITAL VISITS 830 2,382 104,944.72 44.06 .026 126.44 1.12 90 499 65,099.61 130.46 723.33 .70 CRITICAL CARE .005 86 SNF/ICF/TRANS IP CARE 141 4,283.14 30.38 .002 49.80 .05 249 265 46.48 .003 49.47 OPHTHALMOLOGICAL SERVICES 12,317.73 .13 264 12,292.73 46.56 .003 49.57 EXAMINATIONS SERVICES AND MATERIALS 1 1 25.00 25.00 .000 25.00 .00 635 3,323 353,453.31 3.79 INPATIENT HOSPITAL SURGERY 106.37 .036 556.62 437 577 PRINCIPAL SURGEON 284,755.09 493.51 .006 651.61 3.05 ASSISTANT SURGEON 67 66 12,067.09 182.83 .001 180.11 .13 2,680 251.69 ANESTHESIOLOGIST 225 56,631.13 21.13 .029 .61 OUTPATIENT SURGERY 1,596 3,218 228,136.83 70.89 142.94 .034 2.44 PRINCIPAL SURGEON 1.424 1,753 191,149.58 109.04 .019 134.23 2.05 ASSISTANT SURGEON 9 9 1,228.94 136.55 .000 136.55 .01 277 35,758.31 24.56 129.09 ANESTHESIOLOGIST 1,456 .016 DIALYSIS 37 116 9,555.78 82.38 .001 258.26 .10 1,967 22.00 PATHOLOGY 3,013 43,274.29 14.36 .032 .46 3,937 202,637.48 RADIOLOGY 6,396 31.68 .069 51.47 2.17 **PSYCHIATRY** 5 234.31 46.86 .000 46.86 .00

IMMUNIZATION AND INJECTION										
	563	1,585	44,417.96		28.02	.017		78.90		.48
OTHER SERVICES/ALL X-OVERS	4,958 35,321	17,704	302,518.80		17.09	.190		61.02		3.24
@PHARMACY	35 321	364,358 \$	12,394,976.09	\$	34.02	3.904	Ś	350.92	Ś	132.81
DDEGODEDETON DDIGG	35,321			Y	87.75		Y	334.88	Y	125.68
PRESCRIPTION DRUGS	35,026	133,672	11,729,623.76			1.432				
SNF/ICF	3,188	23,205	1,267,970.62		54.64	.249		397.73		13.59
OTHER SERVICES/ALL X-OVERS  @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES  @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY	32,016	110,467	10,461,653.14		94.70	1.184		326.76		112.09
MEDICAL SUDDITES	1 692	230,686	665,352.33		2.88	2.472		393.23		7.13
PENETOE BOILDIES	2,006			\$		.169	4		۲,	7.05
@DENTIST	3,880		658,259.48	Ş	41.62		Þ		Þ	
VISITS - DIAGNOSTIC	2,669	9,202	150,970.99		16.41	.099		56.56		1.62
ORAL SURGERY	537	1,521 245	81,302.00		53.45	.016		151.40		.87
DRUGS	202	245	5,313.75		21.69	.003		26.31		.06
ANDCOMECTA	202	30	2,800.00		93.33	.000		96.55		.03
ANESIRESIA	29									
PERIODONTICS	64	75	10,946.00		145.95	.001		171.03		.12
ENDODONTICS	268	483	74,489.50		154.22	.005		277.95		.80
RESTORATIVE DENTISTRY	1,361	3,547	237,373.99		66.92	.038		174.41		2.54
DROSTHETICS	19	18	500.00		0.0	0.00		26.32		.01
DENOMINE CHANDIATEC	100	435	79,378.00		182.48 151.95 184.83	005		436.14		.85
DENIURES, STAYPLATES	182				182.48	.005				
SPACE MAINTAINERS	35	37	5,622.00		151.95	.000		160.63		.06
MAXILLOFACIAL SERVICES	9	10	1,848.25		184.83	.000		205.36		.02
FRACTURES DISLOCATIONS	2	2	1,900.00		950.00	.000		950.00		.02
OPTHODONTIC CEDITORS	61	73	5,590.00		76.58	.001		91.64		.06
ORIHODONIIC SERVICES	91									
PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES	86	138	225.00		1.63	.001		2.62		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPOR'	Γ FOR JAN	2003 THRU	DEC	2003	Ρź	AGE 9,278
MOP024	FEE-FOR-SERVICE	E/DENTAL								01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR TOTAL CERT	СЯТЯТ							
112 (11211 0001111	Bornanci di Ber	71020 1011 101112 02111				M	ONT.	HIV VAREA	GE .	
02 221 ELIGIBLES	HOEDO	UNITS OF SERVICE	EXPENDITURES	77.7.7		UNITS/DAY				COST PER
93,331 ELIGIBLES	USERS		EVAFINDIIOKE2							
		OR DAYS OF CARE				PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1,195	3,417 \$	77,116.50	\$	22.57	.037	\$	64.53	\$	.83
DIAGNOSTIC AND ANC. PROCED	692	693	32,479.93		46.87	.007		46.94		.35
EVE ADDITANCEC								44.73		.45
	936	2 613	41 864 21			กวย				
EIE APPLIANCES	936	2,613	41,864.21		16.02	.028				
OTHER OPTOMETRIC SERVICES	936 82	111	2,772.36		24.98	.001		33.81		.03
OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	936 82 395	111 625 \$	2,772.36 10,304.50	\$	24.98 16.49	.001	\$	33.81 26.09	\$	.03 .11
OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	936 82 395 380	111	2,772.36	\$	24.98	.001	\$	33.81	\$	.03
OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR  VISITS  OTHER SERVICES	936 82 395 380 15	111 625 \$	2,772.36 10,304.50 9,944.22	\$	24.98 16.49 16.57	.001 .007 .006	\$	33.81 26.09 26.17	\$	.03 .11 .11
OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR  VISITS  OTHER SERVICES  @PODIATRIST	936 82 395 380 15 545	111 625 \$ 600 25	2,772.36 10,304.50 9,944.22 360.28		24.98 16.49 16.57 14.41	.001 .007 .006 .000		33.81 26.09 26.17 24.02		.03 .11 .11 .00
OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR  VISITS  OTHER SERVICES  @PODIATRIST	936 82 395 380 15 545	111 625 \$ 600 25 660 \$	2,772.36 10,304.50 9,944.22 360.28 8,940.38	\$	24.98 16.49 16.57 14.41 13.55	.001 .007 .006 .000		33.81 26.09 26.17 24.02 16.40		.03 .11 .11 .00
OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR  VISITS OTHER SERVICES  @PODIATRIST  MEDICINE/INJECTIONS	936 82 395 380 15 545 69	111 625 \$ 600 25 660 \$ 101	2,772.36 10,304.50 9,944.22 360.28 8,940.38 3,126.27		24.98 16.49 16.57 14.41 13.55 30.95	.001 .007 .006 .000 .007		33.81 26.09 26.17 24.02 16.40 45.31		.03 .11 .11 .00 .10
OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	936 82 395 380 15 545 69	111 625 \$ 600 25 660 \$ 101	2,772.36 10,304.50 9,944.22 360.28 8,940.38 3,126.27		24.98 16.49 16.57 14.41 13.55 30.95	.001 .007 .006 .000 .007 .001		33.81 26.09 26.17 24.02 16.40 45.31		.03 .11 .11 .00 .10 .03
OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	936 82 395 380 15 545 69 0	111 625 \$ 600 25 660 \$ 101	2,772.36 10,304.50 9,944.22 360.28 8,940.38 3,126.27		24.98 16.49 16.57 14.41 13.55 30.95	.001 .007 .006 .000 .007		33.81 26.09 26.17 24.02 16.40 45.31		.03 .11 .11 .00 .10
OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	936 82 395 380 15 545 69 0 5	111 625 \$ 600 25 660 \$ 101	2,772.36 10,304.50 9,944.22 360.28 8,940.38 3,126.27 .00 134.94		24.98 16.49 16.57 14.41 13.55 30.95	.001 .007 .006 .000 .007 .001		33.81 26.09 26.17 24.02 16.40 45.31 .00 26.99		.03 .11 .11 .00 .10 .03
OTHER OPTOMETRIC SERVICES  ©CHIROPRACTOR  VISITS  OTHER SERVICES  ©PODIATRIST  MEDICINE/INJECTIONS  SURGERY/ANES.  RADIO./PATHOLOGY  OTHER  ©HOME HEALTH AGENCY	936 82 395 380 15 545 69 0 5 480	111 625 \$ 600 25 660 \$ 101 0 8	2,772.36 10,304.50 9,944.22 360.28 8,940.38 3,126.27 .00 134.94 5,679.17	\$	24.98 16.49 16.57 14.41 13.55 30.95 .00 16.87 10.31	.001 .007 .006 .000 .007 .001 .000	\$	33.81 26.09 26.17 24.02 16.40 45.31 .00 26.99 11.83	\$	.03 .11 .11 .00 .10 .03 .00 .00
OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY	936 82 395 380 15 545 69 0 5 480 199	111 625 \$ 600 25 660 \$ 101 0 8 551 6,009 \$	2,772.36 10,304.50 9,944.22 360.28 8,940.38 3,126.27 .00 134.94 5,679.17 196,327.88	\$	24.98 16.49 16.57 14.41 13.55 30.95 .00 16.87 10.31 32.67	.001 .007 .006 .000 .007 .001 .000 .000	\$	33.81 26.09 26.17 24.02 16.40 45.31 .00 26.99 11.83 986.57	\$	.03 .11 .11 .00 .10 .03 .00 .00 .06 2.10
OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST	936 82 395 380 15 545 69 0 5 480 199	111 625 \$ 600 25 660 \$ 101 0 8 551 6,009 \$ 168 \$	2,772.36 10,304.50 9,944.22 360.28 8,940.38 3,126.27 .00 134.94 5,679.17 196,327.88 453.15	<i>ያ</i> ት ረጉ	24.98 16.49 16.57 14.41 13.55 30.95 .00 16.87 10.31 32.67 2.70	.001 .007 .006 .000 .007 .001 .000 .000 .006 .064	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	33.81 26.09 26.17 24.02 16.40 45.31 .00 26.99 11.83 986.57 41.20	\$ \$ \$	.03 .11 .11 .00 .10 .03 .00 .00 .06 2.10
VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	936 82 395 380 15 545 69 0 5 480 199 11	111 625 \$ 600 25 660 \$ 101 0 8 551 6,009 \$ 168 \$ 160 \$	2,772.36 10,304.50 9,944.22 360.28 8,940.38 3,126.27 .00 134.94 5,679.17 196,327.88 453.15 11,831.69	ማ ጭ ጭ	24.98 16.49 16.57 14.41 13.55 30.95 .00 16.87 10.31 32.67 2.70 73.95	.001 .007 .006 .000 .007 .001 .000 .000 .006 .064 .002	ው <i>ው ው</i>	33.81 26.09 26.17 24.02 16.40 45.31 .00 26.99 11.83 986.57 41.20 227.53	\$ \$ \$ \$ \$ \$ \$ \$	.03 .11 .11 .00 .10 .03 .00 .00 .06 2.10 .00
OTHER OPTOMETRIC SERVICES  ©CHIROPRACTOR VISITS OTHER SERVICES  ©PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	936 82 395 380 15 545 69 0 5 480 199 11 52 0	111 625 \$ 600 25 660 \$ 101 0 8 551 6,009 \$ 168 \$	2,772.36 10,304.50 9,944.22 360.28 8,940.38 3,126.27 .00 134.94 5,679.17 196,327.88 453.15 11,831.69 .00	\$ \$ \$ \$ \$ \$ \$ \$ \$	24.98 16.49 16.57 14.41 13.55 30.95 .00 16.87 10.31 32.67 2.70 73.95	.001 .007 .006 .000 .007 .001 .000 .000 .006 .064	ው <i>ው ው</i>	33.81 26.09 26.17 24.02 16.40 45.31 .00 26.99 11.83 986.57 41.20 227.53	ው ው ው ው	.03 .11 .11 .00 .10 .03 .00 .00 .06 2.10
OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	936 82 395 380 15 545 69 0 5 480 199 11 52 0	111 625 \$ 600 25 660 \$ 101 0 8 551 6,009 \$ 168 \$ 160 \$	2,772.36 10,304.50 9,944.22 360.28 8,940.38 3,126.27 .00 134.94 5,679.17 196,327.88 453.15 11,831.69 .00	\$ \$ \$ \$ \$ \$ \$ \$ \$	24.98 16.49 16.57 14.41 13.55 30.95 .00 16.87 10.31 32.67 2.70 73.95	.001 .007 .006 .000 .007 .001 .000 .000 .006 .064 .002	ው ጭ ጭ ጭ	33.81 26.09 26.17 24.02 16.40 45.31 .00 26.99 11.83 986.57 41.20 227.53	ው ው ው ው	.03 .11 .11 .00 .10 .03 .00 .00 .06 2.10 .00 .13
OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR  VISITS OTHER SERVICES  @PODIATRIST  MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	936 82 395 380 15 545 69 0 5 480 199 11 52 0 365	111 625 \$ 600 25 660 \$ 101 0 8 551 6,009 \$ 168 \$ 160 \$ 0 \$ 468 \$	2,772.36 10,304.50 9,944.22 360.28 8,940.38 3,126.27 .00 134.94 5,679.17 196,327.88 453.15 11,831.69 .00 11,592.68	ው ው ው ው ው ው	24.98 16.49 16.57 14.41 13.55 30.95 .00 16.87 10.31 32.67 2.70 73.95 .00 24.77	.001 .007 .006 .000 .007 .001 .000 .006 .064 .002 .002	ማ ማ ማ ማ ማ	33.81 26.09 26.17 24.02 16.40 45.31 .00 26.99 11.83 986.57 41.20 227.53 .00 31.76	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.03 .11 .11 .00 .10 .03 .00 .00 .06 2.10 .00 .13 .00
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	0 365 12,765	111 625 \$ 600 25 660 \$ 101 0 8 551 6,009 \$ 168 \$ 160 \$ 468 \$ 63,973 \$	2,772.36 10,304.50 9,944.22 360.28 8,940.38 3,126.27 .00 134.94 5,679.17 196,327.88 453.15 11,831.69 .00 11,592.68 6,924,330.22	ው ው ው ው ው ው	24.98 16.49 16.57 14.41 13.55 30.95 .00 16.87 10.31 32.67 2.70 73.95 .00 24.77 108.24	.001 .007 .006 .000 .007 .001 .000 .006 .064 .002 .002 .000	ማ ማ ማ ማ ማ	33.81 26.09 26.17 24.02 16.40 45.31 .00 26.99 11.83 986.57 41.20 227.53 .00 31.76 542.45	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.03 .11 .11 .00 .10 .03 .00 .00 .06 2.10 .00 .13 .00 .12 74.19
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	0 365 12,765	111 625 600 25 660 \$101 0 8 551 6,009 168 \$160 \$160 \$468 \$63,973 \$5,033	2,772.36 10,304.50 9,944.22 360.28 8,940.38 3,126.27 .00 134.94 5,679.17 196,327.88 453.15 11,831.69 .00 11,592.68 6,924,330.22 5,443,641.79	ው ው ው ው ው ው	24.98 16.49 16.57 14.41 13.55 30.95 .00 16.87 10.31 32.67 2.70 73.95 .00 24.77 108.24 1081.59	.001 .007 .006 .000 .007 .001 .000 .006 .064 .002 .002 .002	ማ ማ ማ ማ ማ	33.81 26.09 26.17 24.02 16.40 45.31 .00 26.99 11.83 986.57 41.20 227.53 .00 31.76 542.45 4484.05	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.03 .11 .11 .00 .10 .03 .00 .06 2.10 .00 .13 .00 .12 74.19 58.33
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	0 365 12,765	111 625 \$ 600 25 660 \$ 101 0 8 551 6,009 \$ 168 \$ 160 \$ 0 \$ 468 \$ 53,973 \$ 5,033 1,259	2,772.36 10,304.50 9,944.22 360.28 8,940.38 3,126.27 .00 134.94 5,679.17 196,327.88 453.15 11,831.69 .00 11,592.68 6,924,330.22	ው ው ው ው ው ው	24.98 16.49 16.57 14.41 13.55 30.95 .00 16.87 10.31 32.67 2.70 73.95 .00 24.77 108.24 1081.59 1248.52	.001 .007 .006 .000 .007 .001 .000 .006 .064 .002 .002 .002 .005 .685 .054	ማ ማ ማ ማ ማ	33.81 26.09 26.17 24.02 16.40 45.31 .00 26.99 11.83 986.57 41.20 227.53 .00 31.76 542.45 4484.05 9356.49	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.03 .11 .10 .00 .10 .03 .00 .06 2.10 .00 .13 .00 .12 74.19 58.33 16.84
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	0 365 12,765	111 625 \$ 600 25 660 \$ 101 0 8 551 6,009 \$ 168 \$ 160 \$ 0 \$ 468 \$ 53,973 \$ 5,033 1,259	2,772.36 10,304.50 9,944.22 360.28 8,940.38 3,126.27 .00 134.94 5,679.17 196,327.88 453.15 11,831.69 .00 11,592.68 6,924,330.22 5,443,641.79	ው ው ው ው ው ው	24.98 16.49 16.57 14.41 13.55 30.95 .00 16.87 10.31 32.67 2.70 73.95 .00 24.77 108.24 1081.59 1248.52	.001 .007 .006 .000 .007 .001 .000 .006 .064 .002 .002 .002 .005 .685 .054	ማ ማ ማ ማ ማ	33.81 26.09 26.17 24.02 16.40 45.31 .00 26.99 11.83 986.57 41.20 227.53 .00 31.76 542.45 4484.05 9356.49	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.03 .11 .11 .00 .10 .03 .00 .06 2.10 .00 .13 .00 .12 74.19 58.33
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	0 365 12,765	111 625 \$ 600 25 660 \$ 101 0 8 551 6,009 \$ 168 \$ 160 \$ 0 \$ 468 \$ 63,973 \$ 5,033 1,259 2,311	2,772.36 10,304.50 9,944.22 360.28 8,940.38 3,126.27 .00 134.94 5,679.17 196,327.88 453.15 11,831.69 .00 11,592.68 6,924,330.22 5,443,641.79 1,571,890.04 3,569,069.54	ው ው ው ው ው ው	24.98 16.49 16.57 14.41 13.55 30.95 .00 16.87 10.31 32.67 2.70 73.95 .00 24.77 108.24 1081.59 1248.52 1544.38	.001 .007 .006 .000 .007 .001 .000 .006 .064 .002 .002 .005 .685 .054	ማ ማ ማ ማ ማ	33.81 26.09 26.17 24.02 16.40 45.31 .00 26.99 11.83 986.57 41.20 227.53 .00 31.76 542.45 4484.05 9356.49 5383.21	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.03 .11 .11 .00 .10 .03 .00 .06 2.10 .00 .13 .00 .12 74.19 58.33 16.84 38.24
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	0 365 12,765	111 625 600 25 660 \$101 0 8 551 6,009 \$168 \$160 \$468 \$63,973 \$5,033 1,259 2,311 2,311	2,772.36 10,304.50 9,944.22 360.28 8,940.38 3,126.27 .00 134.94 5,679.17 196,327.88 453.15 11,831.69 .00 11,592.68 6,924,330.22 5,443,641.79 1,571,890.04 3,569,069.54 991,545.11	ው ው ው ው ው ው	24.98 16.49 16.57 14.41 13.55 30.95 .00 16.87 10.31 32.67 2.70 73.95 .00 24.77 108.24 1081.59 1248.52 1544.38 429.05	.001 .007 .006 .000 .007 .001 .000 .006 .064 .002 .002 .000 .005 .685 .054 .013	ማ ማ ማ ማ ማ	33.81 26.09 26.17 24.02 16.40 45.31 .00 26.99 11.83 986.57 41.20 227.53 .00 31.76 542.45 4484.05 9356.49 5383.21 1495.54	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.03 .11 .11 .00 .10 .03 .00 .06 2.10 .00 .13 .00 .12 74.19 58.33 16.84 38.24 10.62
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	0 365 12,765	111 625 600 25 660 \$101 0 8 551 6,009 168 \$160 \$468 \$63,973 \$5,033 1,259 2,311 2,311 59	2,772.36 10,304.50 9,944.22 360.28 8,940.38 3,126.27 .00 134.94 5,679.17 196,327.88 453.15 11,831.69 .00 11,592.68 6,924,330.22 5,443,641.79 1,571,890.04 3,569,069.54 991,545.11 29,882.11	ው ው ው ው ው ው	24.98 16.49 16.57 14.41 13.55 30.95 .00 16.87 10.31 32.67 2.70 73.95 .00 24.77 108.24 1081.59 1248.52 1544.38 429.05 506.48	.001 .007 .006 .000 .007 .001 .000 .006 .064 .002 .002 .000 .005 .685 .054 .013	ማ ማ ማ ማ ማ	33.81 26.09 26.17 24.02 16.40 45.31 .00 26.99 11.83 986.57 41.20 227.53 .00 31.76 542.45 4484.05 9356.49 5383.21 1495.54 3735.26	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.03 .11 .11 .00 .10 .03 .00 .06 2.10 .00 .13 .00 .12 74.19 58.33 16.84 38.24 10.62 .32
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	0 365 12,765	111 625 600 25 660 \$ 101 0 8 551 6,009 168 \$ 160 \$ 468 \$ 5,033 1,259 2,311 2,311 2,311	2,772.36 10,304.50 9,944.22 360.28 8,940.38 3,126.27 .00 134.94 5,679.17 196,327.88 453.15 11,831.69 .00 11,592.68 6,924,330.22 5,443,641.79 1,571,890.04 3,569,069.54 991,545.11 29,882.11 .00	ው ው ው ው ው ው	24.98 16.49 16.57 14.41 13.55 30.95 .00 16.87 10.31 32.67 2.70 73.95 .00 24.77 108.24 1081.59 1248.52 1544.38 429.05 506.48 .00	.001 .007 .006 .000 .007 .001 .000 .006 .064 .002 .002 .005 .685 .054 .013 .025 .025	ማ ማ ማ ማ ማ	33.81 26.09 26.17 24.02 16.40 45.31 .00 26.99 11.83 986.57 41.20 227.53 .00 31.76 542.45 4484.05 9356.49 5383.21 1495.54 3735.26 .00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.03 .11 .11 .00 .10 .03 .00 .06 2.10 .00 .13 .00 .12 74.19 58.33 16.84 38.24 10.62 .32 .00
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	0 365 12,765	111 625 600 25 660 \$101 0 8 551 6,009 168 \$160 \$468 \$63,973 \$5,033 1,259 2,311 2,311 59	2,772.36 10,304.50 9,944.22 360.28 8,940.38 3,126.27 .00 134.94 5,679.17 196,327.88 453.15 11,831.69 .00 11,592.68 6,924,330.22 5,443,641.79 1,571,890.04 3,569,069.54 991,545.11 29,882.11 .00 961,663.00	ው ው ው ው ው ው	24.98 16.49 16.57 14.41 13.55 30.95 .00 16.87 10.31 32.67 2.70 73.95 .00 24.77 108.24 1081.59 1248.52 1544.38 429.05 506.48	.001 .007 .006 .000 .007 .001 .000 .006 .064 .002 .002 .005 .685 .054 .013 .025 .025	ማ ማ ማ ማ ማ	33.81 26.09 26.17 24.02 16.40 45.31 .00 26.99 11.83 986.57 41.20 227.53 .00 31.76 542.45 4484.05 9356.49 5383.21 1495.54 3735.26 .00 1459.28	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.03 .11 .11 .00 .10 .03 .00 .06 2.10 .00 .13 .00 .12 74.19 58.33 16.84 38.24 10.62 .32 .00 10.30
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	0 365 12,765	111 625 600 25 660 \$ 101 0 8 551 6,009 168 \$ 160 \$ 468 \$ 5,033 1,259 2,311 2,311 2,311	2,772.36 10,304.50 9,944.22 360.28 8,940.38 3,126.27 .00 134.94 5,679.17 196,327.88 453.15 11,831.69 .00 11,592.68 6,924,330.22 5,443,641.79 1,571,890.04 3,569,069.54 991,545.11 29,882.11 .00 961,663.00	ው ው ው ው ው ው	24.98 16.49 16.57 14.41 13.55 30.95 .00 16.87 10.31 32.67 2.70 73.95 .00 24.77 108.24 1081.59 1248.52 1544.38 429.05 506.48 .00	.001 .007 .006 .000 .007 .001 .000 .006 .064 .002 .002 .005 .685 .054 .013 .025 .025	ማ ማ ማ ማ ማ	33.81 26.09 26.17 24.02 16.40 45.31 .00 26.99 11.83 986.57 41.20 227.53 .00 31.76 542.45 4484.05 9356.49 5383.21 1495.54 3735.26 .00 1459.28	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.03 .11 .11 .00 .10 .03 .00 .06 2.10 .00 .13 .00 .12 74.19 58.33 16.84 38.24 10.62 .32 .00
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	0 365 12,765	111 625 600 25 660 \$101 0 8 551 6,009 168 \$160 \$3,973 \$5,033 1,259 2,311 2,311 59 0 2,252	2,772.36 10,304.50 9,944.22 360.28 8,940.38 3,126.27 .00 134.94 5,679.17 196,327.88 453.15 11,831.69 .00 11,592.68 6,924,330.22 5,443,641.79 1,571,890.04 3,569,069.54 991,545.11 29,882.11 .00 961,663.00 2,577,524.43	ው ው ው ው ው ው	24.98 16.49 16.57 14.41 13.55 30.95 .00 16.87 10.31 32.67 2.70 73.95 .00 24.77 108.24 1081.59 1248.52 1544.38 429.05 506.48 .00 427.03 .00	.001 .007 .006 .000 .007 .001 .000 .006 .064 .002 .002 .002 .005 .685 .054 .013 .025 .025	ማ ማ ማ ማ ማ	33.81 26.09 26.17 24.02 16.40 45.31 .00 26.99 11.83 986.57 41.20 227.53 .00 31.76 542.45 4484.05 9356.49 5383.21 1495.54 3735.26 .00 1459.28 3887.67	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.03 .11 .11 .00 .10 .03 .00 .06 2.10 .00 .13 .00 .12 74.19 58.33 16.84 38.24 10.62 .32 .00 10.30 27.62
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	0 365 12,765 1,214 168 663 663 8 0 659 663 396	111 625 600 25 660 \$101 0 8 551 6,009 168 \$160 \$160 \$3,973 \$5,033 1,259 2,311 2,311 2,311 2,311 2,311 2,311 2,311	2,772.36 10,304.50 9,944.22 360.28 8,940.38 3,126.27 .00 134.94 5,679.17 196,327.88 453.15 11,831.69 .00 11,592.68 6,924,330.22 5,443,641.79 1,571,890.04 3,569,069.54 991,545.11 29,882.11 29,882.11 29,882.11 29,882.21	ው ው ው ው ው ው	24.98 16.49 16.57 14.41 13.55 30.95 .00 16.87 10.31 32.67 2.70 73.95 .00 24.77 108.24 1081.59 1248.52 1544.38 429.05 506.48 .00 427.03 .00 206.89	.001 .007 .006 .000 .007 .001 .000 .006 .064 .002 .002 .000 .005 .685 .054 .013 .025 .025 .001	ማ ማ ማ ማ ማ	33.81 26.09 26.17 24.02 16.40 45.31 .00 26.99 11.83 986.57 41.20 227.53 .00 31.76 542.45 4484.05 9356.49 5383.21 1495.54 3735.26 .00 1459.28 3887.67 764.35	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.03 .11 .11 .00 .10 .03 .00 .06 2.10 .00 .13 .00 .12 74.19 58.33 16.84 38.24 10.62 .32 .00 10.30 27.62 3.24
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	0 365 12,765	111 625 600 25 660 \$101 0 8 551 6,009 168 \$160 \$3,973 \$5,033 1,259 2,311 2,311 59 0 2,252	2,772.36 10,304.50 9,944.22 360.28 8,940.38 3,126.27 .00 134.94 5,679.17 196,327.88 453.15 11,831.69 .00 11,592.68 6,924,330.22 5,443,641.79 1,571,890.04 3,569,069.54 991,545.11 29,882.11 .00 961,663.00 2,577,524.43	ው ው ው ው ው ው	24.98 16.49 16.57 14.41 13.55 30.95 .00 16.87 10.31 32.67 2.70 73.95 .00 24.77 108.24 1081.59 1248.52 1544.38 429.05 506.48 .00 427.03 .00	.001 .007 .006 .000 .007 .001 .000 .006 .064 .002 .002 .002 .005 .685 .054 .013 .025 .025	ማ ማ ማ ማ ማ	33.81 26.09 26.17 24.02 16.40 45.31 .00 26.99 11.83 986.57 41.20 227.53 .00 31.76 542.45 4484.05 9356.49 5383.21 1495.54 3735.26 .00 1459.28 3887.67	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.03 .11 .11 .00 .10 .03 .00 .06 2.10 .00 .13 .00 .12 74.19 58.33 16.84 38.24 10.62 .32 .00 10.30 27.62

30,012.33

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58,940

1,883 1,127

17,443

12,021

1,426

1,022

4,619

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY ROOM USE	2,966 7,003	4,203 10,048	305,158.40 380,434.58	72.60 37.86	.045	102.89 54.32	3.27 4.08
CROSSOVERS/ALL OTH OUTPTNT	5,895	24,236	472,707.66	19.50	.260	80.19	5.06
@COUNTY HOSPITAL TOTAL	32	167	\$ 53,415.44	\$ 319.85	.002	\$ 1669.23	\$ .57
CO HOSPITAL INPATIENT TOTAL	1	36	48,672.00	1352.00	.000	48672.00	.52
HSC HOSPITALS	1	36	48,672.00	1352.00	.000	48672.00	.52
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	31	131	4,743.44	36.21	.001	153.01	.05
MEDICAL	11	14	728.07	52.01	.000	66.19	.01

SURGERY	4	6		538.61		89.77	.000	134.65		.01
PATHOLOGY	7	30		381.35		12.71	.000	54.48		.00
RADIOLOGY	12	22		1,034.24		47.01	.000	86.19		.01
ROOM USE	20	24		963.45		40.14	.000	48.17		.01
CROSSOVERS/ALL OTH OUTPTNT	20 16	35		1,097.72		31.36	.000	68.61		.01
									ъ.	
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	KES I	MONTH-OF-PAYMENT I	REPO	RT FOR JAN 2	2003 THRU D	EC 2003	P	AGE 9,279
MOP024 NEVADA COUNTY	FEE-FOR-SERVICE	I/DENIAL /ICES FOR TOTAL (	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LETED						01/29/04
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR ICIAL (	ERI	TETED			MO	NTHLY AVERA	C E	
93,331 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/ 7	VERAGE COST		COST PER		COST PER
95,551 EDIGIBLES	OSEKS	OR DAYS OF CARE		EXPENDITORES		ER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	12,742	63,806	ب ج	6,870,914.78		- ,	.684			73.62
COMM HOSP INPATIENT TOTAL	1,213	4,997	Ą	5,394,969.79		107.66	.054	4447.63	Ą	57.80
HSC HOSPITALS	1,213	1,223		1,523,218.04		1245.48	.013	9121.07		16.32
NON-HSC HOSPITALS TOTAL	663	2,311		3,569,069.54		1544.38	.025	5383.21		38.24
ACCOMMODATIONS	663	2,311		991,545.11		429.05	.025	1495.54		10.62
ACCOMMODATIONS ADMINISTRATIVE DAYS	8	2,311		29,882.11		506.48	.025	3735.26		.32
TRANSITIONAL IP CARE	0	0				.00	.000			.00
	659	2,252		.00		.00 427.03	.024	.00 1459.28		
ALL OTHER ACCOM ANCILLARIES	663	2,252		961,663.00 2,577,524.43		.00	.024	3887.67		10.30 27.62
	396	-					.016	764.35		3.24
INPATIENT CROSSOVERS	396	1,463 0		302,682.21		206.89				
ALL OTHER INPATIENT		-		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	11,997	58,809		1,475,944.99		25.10	.630	123.03		15.81 .77
MEDICAL	1,416	1,869		72,109.86		38.58	.020	50.93		
SURGERY	1,018	1,121		29,473.72		26.29	.012	28.95		.32
PATHOLOGY	4,613	17,413		219,156.18		12.59	.187	47.51		2.35
RADIOLOGY	2,955	4,181		304,124.16		72.74	.045	102.92		3.26
ROOM USE	6,985	10,024		379,471.13		37.86	.107	54.33		4.07
CROSSOVERS/ALL OTH OUTPTNT	5,883	24,201		471,609.94		19.49	.259	80.16		5.05
@STATE HOSPITAL	0	0	Ş	.00			.000	•	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0	4.	.00		.00	.000	.00	4.	.00
@NURSING FACILITY	3,235	98,217	\$	10,492,774.87			1.052		Ş	112.43
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	1	21		2,539.53		120.93	.000	2539.53		.03
LEV B-SUBACUTE FREESTANDING	5	124		42,763.88		344.87	.001	8552.78		.46
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	3,229	98,072		10,447,471.46		106.53	1.051	3235.51		111.94
@INTERMEDIATE CARE FACILDD	39	1,446	\$	246,984.33	\$	170.81	.015	\$ 6332.93	\$	2.65

@INTERMEDIATE CARE FACIL.-DD 1,446 246,984.33 170.81 6332.93 2.65 ICF DDH 6 168 24,892.56 148.17 .002 4148.76 .27 ICF DD 0 0 .00 .00 .000 .00 .00 ICF DDN/DDCN 33 1,278 222,091.77 173.78 .014 6730.05 2.38 @HEMODIALYSIS TOTAL 207 3,507 172,673.64 49.24 .038 \$ 834.17 1.85 HOSPITAL BASED 0 0 .00 .00 .000 .00 .00 207 3,507 172,673.64 49.24 .038 834.17 1.85 HEMODIALYSIS CENTER 61 801 12,058.98 15.05 .009 \$ 197.69 @REHABILITATION FACILITY \$ .13 HOSPITAL BASED 12 46 1,801.17 39.16 .000 150.10 .02 755 10,257.81 .008 209.34 INDEPENDENT FACILITY 49 13.59 .11 4,409 73,953.21 .047 \$ 48.02 \$ .79 @LABORATORY FACILITY 1,540 \$ 16.77 PATHOLOGY 1,530 4,387 73,301.92 16.71 .047 47.91 .79 .000 XO AND OTHERS 10 22 651.29 29.60 65.13 .01 @ORGANIZED OUTPATIENT CLINIC 4,664 994,719.89 115.25 .092 \$ 213.28 10.66 8,631 CLINIC 578 1,836 49,165.63 26.78 .020 85.06 .53 SURGICENTER 58 294 8,947.61 30.43 .003 154.27 .10 47 545.67 11.61 .001 136.42 HEROIN DETOX CLINIC .01 RURAL HEALTH CLINIC 4,071 6,454 936,060.98 145.04 .069 229.93 10.03 PAGE 9,280

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV

01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL NEVADA COUNTY

SUMMARY OF SERVICES FOR TOTAL CERTIFIED

93,331 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	6,591	287,912	\$	1,718,269.47	\$ 5.97	3.085	\$ 260.70	\$ 18.41
DURABLE MED. EQUIP.	404	1,644		192,952.17	117.37	.018	477.60	2.07
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	91	110		25,766.02	234.24	.001	283.14	.28
MEDICAL TRANSPORTATION	620	6,594		145,219.05	22.02	.071	234.22	1.56
AMBULANCES/AIR TRANS	527	5,193		92,953.90	17.90	.056	176.38	1.00
OTHER TRANS	52	1,065		3,314.51	3.11	.011	63.74	.04
OTHER SERVICES	71	336		48,950.64	145.69	.004	689.45	.52
ACUPUNCTURE	7	15		275.73	18.38	.000	39.39	.00
ADULT DAY HEALTH CARE CTR	324	3,916		271,588.67	69.35	.042	838.24	2.91
GENETIC DISEASE TESTING	163	163		16,809.00	103.12	.002	103.12	.18
IHMC, MODEL-NF, NF, AIDS, MSSP	106	9,412		301,617.53	32.05	.101	2845.45	3.23
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1,104	2,410		25,516.18	10.59	.026	23.11	.27
PHYSICAL THERAPIST	4	24		366.04	15.25	.000	91.51	.00
PORTABLE X-RAY	72	137		318.18	2.32	.001	4.42	.00
PROSTHETIST/ORTHOTISTS	219	474		46,394.45	97.88	.005	211.85	.50
PROSTHETICS	216	471		46,203.88	98.10	.005	213.91	.50
ORTHOTICS	3	3		190.57	63.52	.000	63.52	.00
PSYCHOLOGIST	1	1		12.01	12.01	.000	12.01	.00
SPEECH AND AUDIOLOGY	96	179		18,706.73	104.51	.002	194.86	.20
HOSPICE SERVICES	74	2,179		252,660.49	115.95	.023	3414.33	2.71
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,350	72,026		260,290.40	3.61	.772	110.76	2.79
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,289	188,628		159,776.82	.85	2.021	123.95	1.71
@CALIF. CHILDREN SERVICES*	612	29,476	\$	1,255,694.69		.316		\$ 13.45
@XOVER EXCLUDING STATE HOSP**	5,875	59,020	\$	, . ,	\$ 17.23	.632	\$ 173.11	\$ 10.90

----- MONTHLY AVERAGE -----

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.